

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90027 024 \*\*\*158.75

**DOCUMENT # K33500**

1. Entity Name

**A.B.F. PRINTING, INC.**

Principal Place of Business

Mailing Address

3811 SW 47 AVE #617  
 FT LAUDERDALE FL 33314

2811 SW 47 AVE #617  
 FT LAUDERDALE FL 33443-1598

6567 Stirling Rd.  
 Davie FL 33314

6567 Stirling Road  
 Davie FL 33314

2. Principal Place of Business

3. Mailing Address

6567 Stirling Rd

6567 Stirling Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DAVIE - FL

DAVIE - FL

Zip

Country

Zip

Country

33314

Broward

33314

Broward

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEIR, MARIA MENECHEL  
 2307 SE MONTEREY ROAD  
 P.O. BOX 2421  
 STUART FL 34995

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME **P**  
 STREET ADDRESS **CONNOLLY, ROBERT**  
 CITY-ST-ZIP **2141 NE 42ND STREET**  
**LIGHTHOUSE POINT FL 33064**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #