

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 28, 2002 8:00 am**  
**Secretary of State**

08-28-2002 90035 008 \*\*\*\*50.00

**DOCUMENT # L01000015206**

1. Entity Name  
**A.B.S., LLC**

Principal Place of Business

**RUDY JAY ARRIBAS**  
**8510 SOUTH BAY DR**  
**ORLANDO FL 32819**

Mailing Address

**RUDY JAY ARRIBAS**  
**8510 SOUTH BAY DR**  
**ORLANDO FL 32819**

2. Principal Place of Business

**3439 MAGGIE BLVD**

3. Mailing Address

**3439 MAGGIE BLVD.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**ORLANDO, FL.**

City & State

**ORLANDO FL.**

4. FEI Number

**59-8747531**

Applied For

Not Applicable

Zip

**32811**

Country

**ORANGE.**

Zip

**32811**

Country

**ORANGE.**

5. Certificate of Status Desired ☐

**\$5.00** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILES, STEVE VAN**  
**7306 WOODKNOT CT**  
**ORLANDO FL 32835-2705**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Department of State**  
**Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**MGRM**  
**ARRIBAS, RUDY JAY**  
**8510 SOUTH BAY DR**  
**ORLANDO FL 32819** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**MGRM**  
**GONZALEZ, ROMAN**  
**4825 KINGSTON CIR.**  
**KISSIMEE, FL. 34746** ☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**MGRM**  
**GONZALEZ, ROMAN**  
**4825 KINGST** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**MGRM**  
**BASA, JOSE**  
**32M FOREST CREST COURT.**  
**OCFEE, FL. 34761** ☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**MGRM**  
**ARRIBAS, RUDY JAY**  
**887 CHICHESTER ST.**  
**ORLANDO, FL. 32803** ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

**SIGNATURE REQUIRED**

**07/22/02**

**407 973**  
**7133**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (4/02)