FILED

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L60876 1. Entity Name ADVANCED BUSINESS MACHINES, INC.					Jan 17, 2002 8:00 am Secretary of State 01-17-2002 90012 019 ***150.00		
Principal Place of Business 512 NE 167 STREET MIAMI FL 33162 US		Mailing Address 512 NE 167 STREET MIAMI FL 33162 US					
2. Principal Place of Business		3. Mailing Address			S INDITION OF A CHAIL SOUND SELVE (BROID	Ollf Bibil Oldif Bibil Oldii	OIDIA DIEII 1081
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State		City & State		4.	FEI Number 65-0191958	—	pplied For ot Applicable
Zíp	Country	. Zip	Country	5.	Certificate of Status Desired -	S8.75 Ad	ditional
	6. Name and Address of Current F	Registered Agent		7.	Name and Address of New Reg	istered Agent	
1				Name			
ELOI, PATRICK P. 1021 NW 173RD AVE			Stree	Street Address (P.O. Box Number is Not Acceptable)			
PEMBROKE PINES FL 33029							
			City	City FL Zip Code			
8. The above	named entity submits this statement for	the purpose of changing its re	gistered offic	e or registered aç	gent, or both, in the State of Floric	da.	
SIGNATURE .	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE: R	legistered Agent si	gnature required when r	einstating)	DATÉ	
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, 2002 Fee will be \$550.00 Make Check Payable to Department of Stat		\$550.00	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		
11.	OFFICERS AND D	DIRECTORS	12.	ΑC	DDITIONS/CHANGES TO OFFICE	RS AND DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ELOI, PATRICK P. 1021 NW 173RD AVE PEMBROKE PINES FL 33029	☐ Delete	TITLE NAME STREET ADDRE	ss		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	ss		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	ss	•	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	ss		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	55		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP			☐ Change	Addition
or the cor	ertify that the information supplied with the on this report or supplemental report is the poration or the receiver or trustee empower or on an attackment with an address, with the content of the content with an address, with the content with an address.	vered to execute this report as:	e exemption signature sha required by 0	stated in Section Ill have the same Chapter 607, Flori	119.07(3)(i), Florida Statutes. I fu legal effect as if made under oat da Statutes; and that my name a	rther certify that the i h; that I am an officer ppears in Block 11 o	information or director or Block 12 if

SIGNATURE:

SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Patrick Flor

109/12

305-945-370

Daytime Phone #