

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L87733**

1. Entity Name

**ABA ARCHITETTURA E DISEGNO, INC.**

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90107 009 \*\*\*150.00

Principal Place of Business

Mailing Address

**1100 NE 2ND AVENUE  
SUITE 210  
FL 33137**

**4100 NE 2ND AVENUE  
SUITE 210  
MIAMI FL 33137  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0236515**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BUCHELI, ANNABELLA V.  
4100 N.E. 2ND AVENUE  
SUITE 210  
MIAMI FL 33137**

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	<b>PDTS</b>	<input type="checkbox"/> Delete
NAME	<b>BUCHELI, ANNABELLA V.</b>	
STREET ADDRESS	<b>1075 NE 99TH ST</b>	
CITY-ST-ZIP	<b>MIAMI SHORES FL 33138</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PLASENCIA, WILLIAM</b>	
STREET ADDRESS	<b>14480 SW 80TH AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33158</b>	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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, an address, with all other like information.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED

NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**PRESIDENT**

**4-20-00 305-573-0605**

CR2E034 (9/99)