

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M91275

1. Entity Name

ABAI CORP.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90152 025 ***150.00

Principal Place of Business

Mailing Address

~~3779 N. WEST 36837~~
MIAMI FL 33142
US

% SARAH LEVY
141-28 70TH RD
FLUSHING NY 11367-1937
US

2. Principal Place of Business

3. Mailing Address

SUPER YELLOW CAB

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3109-11 NW 27TH AVE

City & State

City & State

MIAMI, FL

Zip

Country

Zip

Country

33142

USA

4. FEI Number

11-2930996

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

LEVY, SARAH

~~3600 NW 37TH CT~~

~~BLDG 3-1135~~

MIAMI FL 33142

Name

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

POINT EAST FOUR

3030 MARCOS DR - T514

City

AVENTURA

FL

Zip Code

33160

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 P ☐ Delete
NAME LEVY, SARAH
STREET ADDRESS ~~3600 NW 37TH CT~~
CITY-ST-ZIP MIAMI FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 3030 MARCOS DR - T514
CITY-ST-ZIP AVENTURA FL 33160

TITLE D ☐ Delete
NAME LEVY, SHALOM
STREET ADDRESS ~~3600 NW 37TH CT~~
CITY-ST-ZIP MIAMI FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 3030 MARCOS DR - T514
CITY-ST-ZIP AVENTURA FL 33160

TITLE VP ☒ Delete
NAME BOYUM, AREILLA
STREET ADDRESS ~~3600 NW 37TH CT~~
CITY-ST-ZIP MIAMI FL

TITLE VP ☐ Change ☒ Addition
NAME ILAN LEVY
STREET ADDRESS 3030 MARCOS DR T514
CITY-ST-ZIP AVENTURA FL 33160

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Sarah Levy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28-00

718-261-
3793

CR2E034 (9/93)