## 2000 UNIFORM BUSINESS REPORT (UBR)

DOCU	MENT # M950	00000052	*	I ILLD	
<ul> <li>Entity Nam</li> </ul>	ne ABILITY LIMITED COMPAN			00 MAY -3 PM 12: 12	
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Urinoinal Plan	on of Ducinosa	Mailing Address	·	SECRETARY OF STATE LALLAMASSEE, FLORIDA	
Principal Place of Business Mailing Address 9632 SW 20TH TERRACE 9632 SW 20TH TERRACE MIAMI FL 33165 MIAMI FL 33165-9017			E		
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Principal P	Place of Business	3. Mailing Address	<u>.</u> .	1   180   181   11   10   10   11   10   11   10   11   10   11   10   11   10   11   10   11   10   11   10   11   10   11   10   11   10   11   10   11   10   11   10   11   10   11   10   11   1	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State	te	City & State		4. FEI Number 65-0566736 Applied For Not Applicab	
Zip	Country	Zip	Country	5. Certificate of Status Desired S5.00 Additional Fee Required	
	6. Name and Address of Curre	ent Registered Agent		7. Name and Address of New Registered Agent	
			Name.	and the second s	
CALLENDER, CECIL H 9632 SW 20TH TERRACE			Street Addres	Street Address (P.O. Box Number is Not Acceptable)	
MIAMI FL 33165		City	FL Zip Code		
CNATURE	e named entity submits this statemen	jent and title if applicable. (NC	DTE: Registered Agent signature req	uired when reinstating)  DATE	
GNATURE .	Signature, typed or printed name of registered ag	jent and title if applicable. (NC FILE N Make Check P	OTE: Registered Agent signature req NOW!!! FEE IS \$50.0 Payable to Departmen	ouired when reinstating)  DATE  To description of the control of t	
GNATURE .	Signature, typed or printed name of registered ag	pent and title if applicable. (NC)  FILE N  Make Check P  MBERS/MEMBERS	NOW!!! FEE IS \$50.0 Payable to Departmen	DATE  DATE  O  I  ADDITIONS/CHANGES	
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SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

305-226-0589

Daytime Phone #