

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2001 8:00 am
Secretary of State

05-24-2001 90322 033 ***150.00

DOCUMENT # **P00000046599**

1. Entity Name

ABJICO.COM INC

Principal Place of Business

Mailing Address

2. Principal Place of Business

3622 NW 59TH ST

3. Mailing Address

1810 LABEL DRIVE

Suite, Apt. # etc.

Suite, Apt. #, etc.

City & State

COCONUT CREEK FL

City & State

DEERFIELD BEACH FL

33073

Country

Zip

33442

Country

4. FEE Number

65-1006757

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

553464

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

WENE, JACK

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

3622 NW 59TH ST

City

COCONUT CREEK

FL

Zip Code

33073

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

5/30/01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!
After MAY 1, 2001
Make Check Payable to Department of State

FEE IS \$150.00
Fee will be \$550.00
to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete

STREET ADDRESS CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☒ Change ☒ Addition

STREET ADDRESS CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report or changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DIRECTOR

Date

Daytime Phone #

5/30/01

CR2E034 (11/00)