

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90076 021 ***150.00

0193790

DOCUMENT # P00000053443

1. Entity Name

AB FINANCIAL ADVISORS INC.

Principal Place of Business

9780 W SUBRUBAN DR
PINECREST FL 33156

Mailing Address

9780 W SUBRUBAN DR
PINECREST FL 33156

2. Principal Place of Business

3. Mailing Address

1001 BRICKELL BAY DR

1001 BRICKELL BAY DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1604

1604

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33131

Country

Zip

33131

Country

4. FEI Number

65-1015833

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BALL, JUAN
9780 W SUBRUBAN DR
PINECREST FL 33156

7. Name and Address of New Registered Agent

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, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
PRESIDENT
JUAN BALL
9780 W SUBRUBAN DR
PINECREST FL 33156

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
TREASURER/SECRETARY
PABLO STALMAN
2205 HUNTERBROOK RD
YORKTOWN HEIGHTS, NY 10598

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUAN BALL

Date

4/9/01

Daytime Phone #

(305) 373-8033

CR2E034 (10/00)