

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90042 031 ***150.00

0194691

DOCUMENT # P00000055159

1. Entity Name

AB CAPITAL MANAGEMENT, INC.

Principal Place of Business

**9350 S DIXIE HIGHWAY SUITE 900
 MIAMI FL 33156**

Mailing Address

**9350 S DIXIE HIGHWAY SUITE 900
 MIAMI FL 33156**

718070



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3455 NW 54th STREET

3. Mailing Address

3455 NW 54th STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, FL

4. FEI Number

65-1019728

Applied For

Not Applicable

Zip

33142

Country

U.S.A.

Zip

33142

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MARCIANO, SHELLEY
 9350 S DIXIE HIGHWAY SUITE 900
 MIAMI FL 33156**

7. Name and Address of New Registered Agent

Name

Lila KELLEY

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

3455 NW 54th STREET

City

Miami

FL

Zip Code

33142

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

Lila Kelley

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 **D** ☐ Delete
 NAME **BLANK, ANDREW**
 STREET ADDRESS **9350 S DIXIE HIGHWAY SUITE 900**
 CITY-ST-ZIP **MIAMI FL 33156**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)