4

FILED

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000058144					Apr 30, 2001 8:00 am Secretary of State				
] '	AB, INC.	/ •				04-05-2001 90 ₄			
Principal Pla	ace of Business	Malling Address							
3125 SW 24 S		3125 SW 24 ST.							
MIAMI FL 33145		MIAMI FL 33145			C0042578				
2. Principal	Place of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		•	DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. FEI Number 65	-1017830		pplied For	1
Zip	Country _	Zip	Country		5. Certificate of Stat		\$8.75 Ac	ditional	
	6. Name and Address of Current R	egistered Agent			7. Name and Addre	ss of New Registered	Agent		
	PRRA, ELDA A	يبير والمتحدد يستيد يالمتحار المتحدد		lame	~				}-
312	5 SW 24 ST. MI FL 33145		s	treet Address (P.	O. Box Number is No	N Acceptable)			: :
			C	iily		F	Zip Cox	ie	
8. The above	e named entity submits this statement for t	the purpose of changing its	registered o	ffice or registered	agent, or both, in th	e State of Florida.			
SIGNATURE	Signature, typed or printed name of registered agent and	d side if applicable. (NOTE:	: Registered Age	nt signature required wh	ten reinstating)	DATE			
9. This corp	oration is eligible to satisfy its Intangible	FILE NOW!			10 Flection C	ampaign Financing		Ю May Be	
	requirement and elects to do so. ria on back)	After MAY 1, 200 Make Check Payab						to Fees	
11.	OFFICERS AND D	<u> </u>	12.		ADDITIONS/CHANG	SES TO OFFICERS AN	D DIRECTOR	S IN 11	
TITLE	PVST	☐ Delete	TITLE			<u> </u>	Change	Addition	9
NAME STREET ADDRESS	GUERRA, ELDA A 3125 SW 24 ST.		NAME STREET AD	DRESS					5
CITY-ST-ZIP	MIAMI FL 33145		CITY-ST-2	I				1	8
TITLE		Delete	TITLE		-		Change	Addition	CR2E034 (10/00)
NAME STREET ADDRESS			NAME STREET AD	nerss				=	-5=
CITY-ST-ZIP	!		CITY-ST-Z	1				1	
TITLE		☐ Delete	TITLE				Change	Addition	
NAME Street Address .			NAME STREET AD	noree				}	
CITY-ST-ZIP			CITY-ST-Z					~~~~ -	
TITLE		☐ Delete ·	TITLE			· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition	
NAME STREET ADDRESS			NAME Street add	vorce .				1	
CITY-ST-ZIP		•	CITY-ST-ZI					}	
TITLE		☐ Delete	TITLE				Change	Addition	
NAME Street address			NAME					ł	
CITY-ST-ZIP			STREET ADD					-	
TITLE		☐ Delete	TITLE				Change	Addition	
NAME			NAME					_	
STREET ADDRESS CITY-ST-ZIP			STREET ADD	1	•				
13. I hereby c	ertify that the information supplied with this report or supplemental report is true control or the receiver or this teampower.	s filing does not qualify for the	he exemptio	n stated in Sectio	n 119.07(3)(i), Florida	Statutes. I further cer	tify that the in	formation	
	contributed the receiver or trustee empower or on an attachment with an address, with		s required by	y Chapter 607, Fl	ie iegai effect as if mi orida Statutes; and th	ade under oath; that I a lat my name appears i	rn an officer of 1 Block 11 or	or director Block 12 if	
RIGNIATI	EIDN A	4. EVELLA			16-1	1		,	