

2001 UNIFORM BUSINESS REPORT (UBR)

4/27

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

04-27-2001 90320 050 ***150.00

DOCUMENT # P00000073842

1. Entity Name

ABC SOLUTIONS OF SOUTH FLORIDA, INC.

Principal Place of Business

10642 NW 1ST CT
 PLANTATION FL 33324

Mailing Address

88 NE 168TH ST
 N MIAMI BEACH FL 33162



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8041 W 21 Ave.
 2nd Floor
 Hialeah, FL
 33016

3. Mailing Address

8041 W 21 Ave
 2nd Floor
 Hialeah, FL
 33016

4. FEL Number

651035926

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SINGER, STEVEN M
 10642 NW 1ST CT
 PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name: Carmen Ramos
 Street Address (P.O. Box Number is Not Acceptable): 946 NE 170 Street
 Apt # 118
 City: Miami FL Zip: 33162

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: Carmen Ramos DATE: 4/18/01
Signature, typed or printed name of registered agent and date if applicable
NOTE: Registered Agent signature required when re-installing

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

TITLE	D	<input type="checkbox"/> Delete
NAME	MALDONADO, GEORGE	
STREET ADDRESS	10642 NW 1ST CT	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	D	<input type="checkbox"/> Delete
NAME	MALDONADO, IRMA	
STREET ADDRESS	10642 NW 1ST CT	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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: Irma Maldonado
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: 4/18/01 DAYTIME PHONE: (305) 23197790

CR2E034 (10/00)