

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 09, 2002 8:00 am
Secretary of State

06-19-2002 90930 004 ***150.00
09-09-2002 90020 027 ***400.00

DOCUMENT # **P00000109565**

1. Entity Name

ABBA DESIGN TRADERS CORP.

DO NOT WRITE IN THIS SPACE

B0137174

2. Principal Place of Business 28 W FLAGLER ST. 11TH Floor		3. Mailing Address 3611 KINGSWOOD DR.	
Suite, Apt. #, etc. 11 FLOOR		Suite, Apt. #, etc.	
City & State MIAMI FL 3		City & State SARASOTA FL	
Zip 33130	Country USA	Zip 34232	Country USA
4. FEI Number 65-1060401		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	

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IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name MARIO DEL RISCO GONGORA	
Street Address (P.O. Box Number is Not Acceptable) 3611 KINGSWOOD DR.	
City SARASOTA	FL Zip Code 34232

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 **Mario Del Risco** DATE **6/12/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MARIO F DEL RISCO GONGORA 3611 KINGSWOOD DR. SARASOTA FL 34232	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT ALFREDO F. CRUZ CASTANEDA JR. PALACE ATENEA N2 "S" LT-20-1 CHORRILLOS LIMA - PERU	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY MARIA NEJIA SOTELO 3611 KINGSWOOD DR. SARASOTA FL 34232	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER MARITZA NEJIA SOTELO JR. PALACE ATENEA "N2" S LT 20-1 CHORRILLOS LIMA - PERU	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Mario Del Risco** DATE **6/12/02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR