

2003
2002 UNIFORM BUSINESS REPORT (UBR)

0199723 AV

DOCUMENT # P00000109565

1. Entity Name
ABBA DESIGN TRADERS CORP.

APPROVED
AND
FILED

03 SEP -2 PM 2:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
28 W FLAGLER ST. 11TH FLOOR
MIAMI FL 33130

Mailing Address
28 W FLAGLER ST. 11TH FLOOR
MIAMI FL 33130

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-1060401

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GONGORA, MARIO DEL R
3467 CLARK RD APT 166
SARASOTA FL 34231

Name MARIO F. DEL RISCO GONZALEZ
Street Address (P.O. Box Number is Not Acceptable)
3611 KINGSWOOD DR.
SARASOTA FL
City 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
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 8/30/03

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, 2002 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 ☐ Delete
NAME **P**
STREET ADDRESS **DEL RISCO GONGORA, MARIO F**
CITY-ST-ZIP **JR.PALACE ATENEA MZ "S" LT 20-1 CHORRILLOS-LIMA, PERU**

TITLE ☐ Change ☐ Addition
NAME ~~09/03/03 01023-001 ***400.00~~
STREET ADDRESS **800022726338**
CITY-ST-ZIP ~~09/03/03 01023-001 ***400.00~~

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **CRUZ CASTANEDA, ALFREDO FABIAN**
CITY-ST-ZIP **JR.PALACE ATENEA MZ "S" LT 20-1 CHORRILLOS-LIMA, PERU**

TITLE ☐ Change ☐ Addition
NAME **06/19/03 90046 046 \$150.00**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **MEJIA SOTELO, MARIA**
CITY-ST-ZIP **JR.PALACE ATENEA MZ "S" LT 20-1 CHORRILLOS-LIMA, PERU**

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

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **MEJIA SOTELO, MARITZA C**
CITY-ST-ZIP **JR.PALACE ATENEA MZ "S" LT 20-1 CHORRILLOS-LIMA, PERU**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/30/03

Date

Daytime Phone #

CR2E034 (9/01)