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FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 OCT 21 AM 11:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000001393

1. Entity Name

ABB INTERNATIONAL, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1059 COLLINS AVE

3. Mailing Address

SAME

Suite, Apt. #, etc.

STE 102

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI BEACH, FLORIDA

City & State

4. FEI Number

59-3690037

Applied For

Not Applicable

Zip

33139

Country

DADE

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

ADIL BENJELLOUN

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

1059 COLLINS AVE-#102

MIAMI BEACH

FL

Zip Code
33139

DO NOT WRITE IN THIS SPACE

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

(Signature)

(NOTE: Registered Agent signature required when reappointing)

10/17/2002

(DATE)

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

11. OFFICERS AND DIRECTORS

TITLE: **PRESIDENT**
NAME: **ADIL BENJELLOUN**
STREET ADDRESS: **1059 COLLINS AVE # 102**
CITY-ST-ZIP: **MIAMI BEACH, FL 33139**

TITLE: **700008809177**
NAME: **11/05/02--01062--030**
STREET ADDRESS: ****150.00**
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:

(Signature)

10/17/2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Page #

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Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of \$150.00 for the annual report fee with my application.

I also state that for an unknown reason we did not received the U.B.R. for the year 2002 or any other notice from the Division of Corporations in respect with my Corporation **ABB INTERNATIONAL, INC.**

Thank you for your courtesy in this matter.



ADIL BENJELLOUN
PRESIDENT