NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 05, 2002 8:00 am
Secretary of State

05-22-2002 90180 015 ***150.00

870863

DOCUMENT # P01000048949

1. Entity Name
A.B. INTERNATIONAL BUSINESS, CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
18601 NE 14th AVE	
Suite, Apt. #, etc. 407	Suite, Apt. #, etc.
City & State MIAMI, FL	City & State
Zip 33179-4851 / Country USA	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1122315 — Applied For / Not Applicable

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

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7. Name and Address of Current Registered Agent

Name PIEDAD A. GONZALEZ

Street Address (P.O. Box Number is Not Acceptable)
420 LINCOLN RD # 387

City MIAMI BEACH FL Zip Code 33139

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 Piedad A. Gonzalez — 5-31-02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
DP	GONZALEZ, PIEDAD A.	420 LINCOLN RD #387	MIAMI BEACH, FL 33139
DV	URENA MAYRAP	1915 LIBERTY AVE #3	MIAMI BEACH, FL 33139

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CR2E037B (12/01)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an asterisk, with all other like empowered.

SIGNATURE: Piedad A. Gonzalez — 5-31-02 — (305) 534-8362

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #