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

DOCUMENT # P01000048949

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

870863

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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

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

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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 address, 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 #