## 2002 UNIFORM BUSINESS REPORT (UBR)

## Mar 07, 2002 8:00 am Secretary of State P01000062189 DOCUMENT # 1. Entity Name 03-07-2002 90034 013 \*\*\*150.00 AMERICAN BUSINESS PUBLICATIONS, INC. Principal Place of Business Mailing Address 2592 W. 74TH ST. 2592 W. 74TH ST. HIALEAH FL 33016 HIALEAH FL 33016 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number 65-1118159 Applied For City & State City & State Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent -- CANCIO, FE E --Street Address (P.O. Box Number is Not Acceptable) 2592 W. 74TH ST. HIALEAH FL 33016 Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 115年2月 副 2019 ☐ Change ☐ Addition TITLE TITLE. 3 ☐ Delete NAME CANCIO, FE E NAME 2592 W. 74TH ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33016 ☐ Change ☐ Addition ☐ Delete TITLE TITLE VSD NAMÉ NAME CANCIO, JUAN I STREET ADDRESS STREET ADDRESS 2592 W. 74TH ST. CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33016 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

**FILED** 

changed, or on an attachment with an address, with all other like empowered.