

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90997 049 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

70053851

DOCUMENT # P02000000414					
1. Entity Name AMERICAN BUSINESS CORP.					
Principal Place of Business 10803 NW 51 TR MIAMI, FL 33178			Mailing Address 10803 NW 51 TR MIAMI, FL 33178		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 04-3597803			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent ARIAS TOVAR, ILEANA ESQ 1725 MAIN STE STE 205 WESTON, FL 33326			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL Zip Code		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when transferring) DATE _____					
FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$560.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	BAEZ, ANGEL F		NAME		
STREET ADDRESS	10803 NW 51 TR		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33178		CITY-ST-ZIP		
TITLE	V	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	DESIO, JOSE F		NAME		
STREET ADDRESS	10803 NW 51 TR		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33178		CITY-ST-ZIP		
TITLE	ST	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	DESIO, MARIA L		NAME		
STREET ADDRESS	10803 NW 51 TR		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33178		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, without other like empowered.					
SIGNATURE: _____			04/28/03 305-436-9669		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Copying Phone #		

CH2E034 (10/02)