

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90142 048 \*\*\*150.00

**DOCUMENT # P02000049864**

1. Entity Name  
**ABS INSURANCE, INC.**



Principal Place of Business  
**487 WEST 43 PLACE  
HIALEAH FL 33012**

Mailing Address  
**487 WEST 43 PLACE  
HIALEAH FL 33012**



2. Principal Place of Business

**11402 N.W. 41st Street**

3. Mailing Address

**11402 N.W. 41st Street**

Suite, Apt. #, etc.

**Suite 213**

Suite, Apt. #, etc.

**Suite 213**

City & State

**MIAMI, FLA.**

City & State

**MIAMI, FLA.**

Zip

**33178**

Country

Zip

**33178**

Country

4. FEI Number

**04-3658089**

Applied For

Not Applicable

5. Certificate of Status-Desired

☐ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CAST, LOUIS F  
8405 NW 53RD STREET  
SUITE C-100  
MIAMI FL 33168**

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 signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
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

TITLE NAME ☐ Delete  
**PTD VALDES, SILVIA M**  
STREET ADDRESS  
**487 WEST 43 PLACE**  
CITY-ST-ZIP  
**HIALEAH FL 33012**

TITLE NAME ☐ Delete  
**VSD GARCIA, BLAS**  
STREET ADDRESS  
**487 WEST 43 PLACE**  
CITY-ST-ZIP  
**HIALEAH FL 33012**

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
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, with all other like empowered.

**SIGNATURE: [Signature]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-25-03**

Date

**305-640-1358**

Daytime Phone #

CR2E034 (10/02)