

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90974 039 ***150.00

DOCUMENT # P02000092530

1. Entity Name
CONSORCIO ABBA, INC.



Principal Place of Business

**14185 SW 87TH STREET
APT. 207
MIAMI FL 33196**

Mailing Address

**14185 SW 87TH STREET
APT. 207
MIAMI FL 33196**

2. Principal Place of Business

8670 S.W. 149 AVE

3. Mailing Address

8670 S.W. 149 AVE

Suite, Apt. #, etc.

UNIT 112

Suite, Apt. #, etc.

UNIT 112

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33193

Country

U.S.A.

Zip

33193

Country

U.S.A.

4. FEI Number

51-0423919

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

**MATEO, CHARLES A
14185 SW 87TH STREET
APT. 207
MIAMI FL 33196**

7. Name and Address of New Registered Agent

Name **PAMELA M. OLAYA**
Street Address (P.O. Box Number is Not Acceptable)
8670 S.W. 149 AVE
City **MIAMI** FL **33193**

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

PAMELA M. OLAYA **MARCH 1, 2003**

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	PD	<input type="checkbox"/> Delete
NAME	MATEO, CHARLES A	
STREET ADDRESS	14185 SW 87TH STREET #207	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MATEO, WILFREDO	
STREET ADDRESS	14185 SW 87TH STREET #207	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MATEO OLAYA, EDDA N	
STREET ADDRESS	14185 SW 87TH STREET #207	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE	D	<input type="checkbox"/> Delete
NAME	OLAYA, PAMELA M	
STREET ADDRESS	14185 SW 87TH STREET #207	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ASSISTANT OF DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHARLES M. MATEO	
STREET ADDRESS	8670 S.W. 149 AVE	
CITY-ST-ZIP	MIAMI, FLORIDA 33193	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	8670 S.W. 149 AVE	
CITY-ST-ZIP	MIAMI, FLORIDA 33193	
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	8670 S.W. 149 AVE	
CITY-ST-ZIP	MIAMI FLORIDA 33193	
TITLE	VICE-PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALBERTO J. MEDINA	
STREET ADDRESS	10421 MAHOGANY KEY-CIR	
CITY-ST-ZIP	MIAMI, FLORIDA 33196	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

PAMELA M. OLAYA
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/1/03 (305) 7726257

CR2E034 (10/02)