

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91507 036 ***150.00

0005585 AT

DOCUMENT # P02000126224

1. Entity Name

ABEDUL BUREAU 3308 CORP.



Principal Place of Business

1320 SOUTH DIXIE HIGHWAY, SUITE 280
CORAL GABLES FL 33146

Mailing Address

1320 SOUTH DIXIE HIGHWAY, SUITE 280
CORAL GABLES FL 33146

2. Principal Place of Business

6301 Collins Ave Apt 3308

Suite, Apt. #, etc.

3. Mailing Address

6301 Collins Ave Apt 3308

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

Miami Beach FL

City & State

miami Beach FL

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip

Country

33141-4627 DADE

Zip

Country

33141-4627

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SANCHEZ DE VARONA, PAUL J.
1320 SOUTH DIXIE HIGHWAY, SUITE 280
CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

Name Franco's Arguilles
Street Address (P.O. Box Number is Not Acceptable)
8567 Coral Way #181

City

miami

FL

Zip Code

33155

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	D	<input type="checkbox"/> Delete
NAME	ARDILA, NOEMI	
STREET ADDRESS	1320 SOUTH DIXIE HIGHWAY, SUITE 280	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	D	<input type="checkbox"/> Delete
NAME	CUERVO, CARLOS A	
STREET ADDRESS	1320 SOUTH DIXIE HIGHWAY, SUITE 280	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ardila, Noemi	
STREET ADDRESS	6301 Collins Ave. Apt 3308	
CITY-ST-ZIP	Miami Beach FL 33141-4627	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cuervo, Carlos A	
STREET ADDRESS	6301 Collins Ave. Apt 3308	
CITY-ST-ZIP	Miami Beach FL 33141-4627	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)