

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90317 045 ***150.00

DOCUMENT # P93000034378

1. Entity Name

ABALLI, MILNE, KALIL & GARRIGO, P.A.

Principal Place of Business

Mailing Address

**ONE SE THIRD AVE
 STE 1980
 MIAMI FL 33131
 US**

**ONE SE THIRD AVE
 STE 1980
 MIAMI FL 33131
 US**

712255



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

ONE SE THIRD AVE

3. Mailing Address

ONE SE THIRD AVE

Suite, Apt. #, etc.

STE 2250

Suite, Apt. #, etc.

STE 2250

City & State

MIAMI FL 33131

City & State

MIAMI FL

4. FEI Number

65-0408956

Applied For

Not Applicable

Zip

33131

Country

USA

Zip

33131

Country

US

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**AMKGS REGISTERED AGENTS, INC.
 ONE SE THIRD AVE, STE 1980
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

ONE SE THIRD AVE, STE 2250

City

MIAMI

FL

Zip Code

33131

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

Craig G. Kalil

CRAIG G. KALIL

2/1/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	ABALLI, ARTURO J JR	
STREET ADDRESS	ONE SE THIRD AVE, STE 1980	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MILNE, HENDRIK G	
STREET ADDRESS	ONE SE THIRD AVE, STE 1980	
CITY-ST-ZIP	MIAMI FL	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	KALIL, CRAIG P	
STREET ADDRESS	ONE SE THIRD AVE, STE 1980	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	GARRIGO, SILVIA M	
STREET ADDRESS	ONE SE THIRD AVE, STE 1980	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	ONE SE THIRD AVE, STE 2250	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	ONE SE THIRD AVE, STE 2250	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	ONE SE THIRD AVE, STE 2250	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANA MARIA ESCABEDO	
STREET ADDRESS	ONE SE THIRD AVE, STE 2250	
CITY-ST-ZIP	MIAMI, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Craig G. Kalil

V.P. CRAIG G. KALIL

2/1/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)