

**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

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

Zip

**33131**

Country

**USA**

Zip

**33131**

Country

**US**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>ABALLI, ARTURO J JR</b>	
STREET ADDRESS	<b>ONE SE THIRD AVE, STE 1980</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>MILNE, HENDRIK G</b>	
STREET ADDRESS	<b>ONE SE THIRD AVE, STE 1980</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>VPS</b>	<input type="checkbox"/> Delete
NAME	<b>KALIL, CRAIG P</b>	
STREET ADDRESS	<b>ONE SE THIRD AVE, STE 1980</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GARRIGO, SILVIA M</b>	
STREET ADDRESS	<b>ONE SE THIRD AVE, STE 1980</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
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	<b>ONE SE THIRD AVE, STE 2250</b>	
CITY-ST-ZIP	<b>MIAMI FL 33131</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>ONE SE THIRD AVE, STE 2250</b>	
CITY-ST-ZIP	<b>MIAMI FL 33131</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>ONE SE THIRD AVE, STE 2250</b>	
CITY-ST-ZIP	<b>MIAMI FL 33131</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ANA MARIA ESCABEDO</b>	
STREET ADDRESS	<b>ONE SE THIRD AVE, STE 2250</b>	
CITY-ST-ZIP	<b>MIAMI, FL</b>	
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)