

2002 UNIFORM BUSINESS REPORT (UBR)

0206040 AV

DOCUMENT # P93000054788

1. Entity Name
A.B. ENERGY, INC.

FILED

02 JUN 26 PM 3: 27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

PMB 0503-SUITE 51
444 BRICKELL AVENUE
MIAMI FL 33131-2492

Mailing Address

PMB 0503-SUITE 51
444 BRICKELL AVENUE
MIAMI FL 33131-2492

2. Principal Place of Business

1221 Brickell Avenue

3. Mailing Address

1221 Brickell Avenue

Suite, Apt. #, etc.

21 Floor

Suite, Apt. #, etc.

21 FL - Attn: S. King

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0442822

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY

1201 HAYS ST

TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

CorpDirect Agents, Inc.

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

103 N. Meridian Street

Lower Level

City

Tallahassee

FL

Zip Code
32315

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

Cynthia A. Hicks
Cynthia A. Hicks

6/26/02

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, 2002 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

TITLE	DPST	<input checked="" type="checkbox"/> Delete
NAME	GUILARTE, PEDRO M	
STREET ADDRESS	444 BRICKELL AVE SUITE 51	
CITY-ST-ZIP	MIAMI FL 33131-2492	
TITLE	V	<input type="checkbox"/> Delete
NAME	KING, SHEPARD	
STREET ADDRESS	1221 BRICKELL AVE.	
CITY-ST-ZIP	MIAMI FL 33131	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D/P/VP/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Shepard King	
STREET ADDRESS	1221 Brickell Avenue	
CITY-ST-ZIP	Miami, FL 33131	
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		

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:

SHEPARD KING, PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)