

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000077902

1. Entity Name

ABISCO & SONS IMPORT AND EXPORT INC.

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90177 037 ***158.75

Principal Place of Business

Mailing Address

14601 SW 88TH ST

P.O. BOX 526251

311K

MIAMI FL 33152-6251

MIAMI FL 33186

US

US

2. Principal Place of Business

3. Mailing Address

14601 SW 88th

Suite, Apt. #, etc.

Suite, Apt. #, etc.

311K

City & State

City & State

miami fl

Zip

Country

Zip

Country

33186

DADE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ABOLARIN, ISRAEL
14601 N. KENDALL DR.
#311K
MIAMI FL 33186

Name

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

City

FL

Zip Code

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

ISRAEL ABOLARIN I. Abolarin

02/01/00

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, 2000 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 ☐ Delete
NAME D
STREET ADDRESS ABOLARIN, ISRAEL
CITY-ST-ZIP 14601 N. KENDALL DR.
MIAMI FL 33186

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

ISRAEL ABOLARIN

I. Abolarin

02/01/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #