

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000043374

1. Entity Name

ABBEY ROADS A.C.L.F. INC.

FILED

00 OCT 24 PM 3:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2942 SW 4TH AVENUE
MIAMI FL 33129

6776 SW 64 ST
MIAMI FL 33143-3102
US

2. Principal Place of Business

3. Mailing Address

6776 SW 64 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

4. FEI Number

65-0492925

Applied For

Not Applicable

Zip

33143

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARVEZ, CHARLOTTE
6776 SW 64 ST.
MIAMI FL 33143

Name - JUAN RAMOS

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

6776 SW 64 ST.

City South Miami

FL

Zip Code 33143

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8-1-00

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 P
NAME RAMOS, JUAN C
STREET ADDRESS 6776 SW 64 ST.
CITY-ST-ZIP MIAMI FL ☐ Delete

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

TITLE VP
NAME MARVER, CHARLOTTE
STREET ADDRESS 6776 SW 64 ST.
CITY-ST-ZIP MIAMI FL ☒ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 100003459791--3
CITY-ST-ZIP -11/09/00--0118--012

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-1-00

Date

305-665-9001

Daytime Phone #

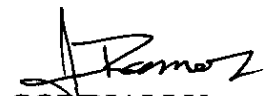
CR2F034 (9/98)

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

AS PER YOUR INSTRUCTIONS I HAVE ENCLOSED THE UNIFORM BUSINESS REPORT FORM ALONG WITH A CHECK TO THE FLORIDA DEPARTMENT OF STATE FOR \$150.00. IN ORDER TO PUT THE ABOVE MENTION IN ITS CURRENT STATUS.

I FURTHER STATE THAT I HAVE NOT RECEIVED ANY NOTICE FROM YOUR OFFICE ON TIME BECAUSE I AM IN THE PROCESS OF A DIVORCE AND MY WIFE DID NOT GIVE ME THIS PAPER ON TIME (SHE WANTED TO STAY WITH THE CORPORATION).

IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME..



CORDIALLY,
JUAN RAMOS
PRESIDENT