

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90603 009 ***150.00

DOCUMENT # P94000051073

1. Entity Name
ABARRO, INC.

Principal Place of Business
2475 APALACHEE PARKWAY
TALLAHASSEE FL 32301

Mailing Address
~~5354 PEMBRIDGE PLACE~~
~~TALLAHASSEE FL 32308~~
~~US~~

2. Principal Place of Business

3. Mailing Address
1411 Marion Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Tallahassee, FL

Zip

Country

Zip

Country

32303

USA

4. FEI Number **59-3255695**

Applied For
 Not Applicable

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

NAVARRO, DONALD J SR
~~5354 PEMBRIDGE PLACE~~
~~TALLAHASSEE FL 32308~~

Name **DONALD NAVARRO SR**

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

1411 Marion Ave

City **Tallahassee, FL** **FL** Zip Code **32303**

8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *[Signature]* **DON NAVARRO** **1/16/02**

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☐ Delete
NAME **NAVARRO, DONALD J SR**
STREET ADDRESS ~~5354 PEMBRIDGE PLACE~~
CITY-ST-ZIP ~~TALLAHASSEE FL~~

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1411 Marion Ave**
CITY-ST-ZIP **Tallahassee, FL 32303**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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]* **REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/02 **(850) 942-9904**
 Date Daytime Phone #

003594 AV

CR2E034 (9/01)