

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 10, 2003 8:00 am  
Secretary of State

02-10-2003 90226 030 \*\*\*150.00

DOCUMENT # P94000094381

1. Entity Name  
ABA MANAGEMENT CORP.



Principal Place of Business  
2620 WEST 79TH STREET  
HIALEAH FL 33016

Mailing Address  
2620 WEST 79TH STREET  
HIALEAH FL 33016



2. Principal Place of Business  
8115 West 31 Ave

3. Mailing Address  
8115 West 31 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
Hialeah, FL

City & State  
Hialeah, FL

4. FEI Number 65-0543619

Applied For  
Not Applicable

Zip 33018 Country USA

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5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BERGOLLA, RAFAEL  
8014 N.W. 163 TERRACE  
MIAMI FL 33016

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	BERGOLLA, RAFAEL A	
STREET ADDRESS	2620 WEST 79TH STREET	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BERGOLLA, LUIS A	
STREET ADDRESS	2620 WEST 79TH STREET	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/03 305-887-3088  
Date Daytime Phone #

CR2E034 (10/02)