

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000005902

1. Entity Name

ABROAD SHOPPING INC.

FILED

May 11, 2001 8:00 am
Secretary of State

05-11-2001 90121 050 ***150.00

Principal Place of Business

444 BRICKELL AVE #750
MIAMI FL 33131

Mailing Address

444 BRICKELL AVE #750
MIAMI FL 33131

AUG 0001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

20630 Biscayne Blvd

3. Mailing Address

20630 Biscayne Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Dventura Florida

City & State

Dventura Florida

Zip

33180

Country

USA

Zip

33180

Country

4. FEI Number

65-0594339

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

MILLENNIA CONSULTING SERVICES, INC.

444 BRICKELL AVE #750
MIAMI FL 33131

Name

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

20630 Biscayne Blvd.

City

Dventura

FL

Zip Code

33180

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

04/27/01

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, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
CABRAL, NIVARDO S
C/O 121 NE 3RD AVENUE #208
MIAMI FL 33132 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
CABRAL, ALEXANDRE H
C/O 121 NE 3RD AVENUE #208
MIAMI FL 33132 ☒ Delete

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

TITLE
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CITY-ST-ZIP
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CITY-ST-ZIP
☐ Change ☐ Addition

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

Date

Daytime Phone #

04/24/01 305 462-1025

CR2E034 (10/00)