

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000009596**

1. Entity Name

ABREAST, INC.**FILED****May 01, 2000 8:00 am**
Secretary of State

05-01-2000 90056 042 ***150.00

Principal Place of Business

**2210 COLLINS AVE
MIAMI BEACH FL 33139
US**

Mailing Address

**2210 COLLINS AVE
MIAMI BEACH FL 33139-1718
US**

2. Principal Place of Business

5445 COLLINS AVE

3. Mailing Address

5445 COLLINS AV

Suite, Apt. #, etc.

CU-6 A

Suite, Apt. #, etc.

1518

City & State

MIAMI BEACH FL

City & State

MIAMI BEACH FL

Zip

33140

Country

U.S.A.

Zip

33140

Country

U.S.A.

4. FEI Number

65-0557069

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

**DOMINIGUEZ GERARDO A.
2210 COLLINS AVE
MIAMI BEACH FL 33139**

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

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	RODIL, WALTER	340 SW 122 CT	MIAMI FL 33184	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
VP	DOMINGUEZ, GERARDO	340 SW 122 CT	MIAMI FL 33184	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
President	DOMINGUEZ Gerardo	340 SW 122 CT	MIAMI FL 33184	<input checked="" type="checkbox"/>	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
VP	ALEJANDRA DOMINGUEZ	340 SW 122 CT	MIAMI FL 33184		

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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

DOMINGUEZ G -

Date

04-21-2000 305-868-3335

Daytime Phone #

CR2E034 (9/99)