

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2001 8:00 am
Secretary of State

05-07-2001 90064 016 ***150.00

DOCUMENT # **P96000015634**

1. Entity Name

ABF AMERICAN BUSINESS CORP.

Principal Place of Business

MIAMI FL USA

Mailing Address

**8960 NW 8 ST # 108
 MIAMI FL 33172**

A0062535

2. Principal Place of Business

**8960 NW 8 ST
 Suite, Apt. #, etc.
 # 108**

3. Mailing Address

**8960 NW 8 ST
 Suite, Apt. #, etc.
 # 108**

DO NOT WRITE IN THIS SPACE

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-0653229

Applied For

Not Applicable

Zip

33172

Country

USA

Zip

33172

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**William Bolivar
 5900 SW 127 AV # 3101
 MIAMI FL 33183**

7. Name and Address of New Registered Agent

Name **ANABELLA IAGRAVE**

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

8960 NW 8 ST # 108

City **MIAMI**

FL

Zip Code **33172**

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 **ANABELLA IAGRAVE**

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

(NOTE: Registered Agent signature required when reinstating)

4-25-01

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, 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 **KEILER BOLIVAR** ☒ Delete
 STREET ADDRESS **CARACAS VENEZUELA**
 CITY-ST-ZIP

TITLE
 NAME **PRESIDENT** ☒ Change ☐ Addition
 STREET ADDRESS **MAXIMO BOLIVAR**
 CITY-ST-ZIP **CARACAS VENEZUELA**

TITLE
 NAME **ROGER BOLIVAR** ☒ Delete
 STREET ADDRESS **CARACAS VENEZUELA**
 CITY-ST-ZIP

TITLE
 NAME **General MANAGER** ☒ Change ☐ Addition
 STREET ADDRESS **William BOLIVAR**
 CITY-ST-ZIP **9302 MLK #1323**
TAMPA FL 33610

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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

CR2E034 (11/00)

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

4-25-01 (813) 246-9531

Date

Daytime Phone #