

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM**
Secretary of State**DOCUMENT # P96000027973**1. Entity Name
ABKEY NO. 15, INC.

Principal Place of Business 3444-48 MAIN HIGHWAY COCONUT GROVE FL 332330927	Mailing Address P.O. BOX 330927 COCONUT GROVE US FL 332330927
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2. Principal Place of Business
3444-48 MAIN HIGHWAY

3. Mailing Address

Suite, Apt. #, etc.
3RD FLOOR

Suite, Apt. #, etc.

City & State
COCONUT GROVE FL

City & State

Zip Country
332330927

Zip Country

4. FEI Number
65-0666878Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**7. Name and Address of New Registered Agent**CORPORATION COMPANY OF MIAMI
201 S. BISCAYNE BOULEVARD
1600 MIAMI CENTER
MIAMI FL 33131 US

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)

04/30/2001

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 State10. 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	DV	<input type="checkbox"/> Delete
NAME	AMOS JEFFREY	
STREET ADDRESS	113 PINNACLE PL	
CITY-ST-ZIP	SMYRNA TN 37167	

TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMOS JEFFREY	
STREET ADDRESS	2407 DELANO	
CITY-ST-ZIP	MURFREESBORO TN 37130	

TITLE	PST	<input type="checkbox"/> Delete
NAME	AMOS BETTY G	
STREET ADDRESS	3444-48 MAIN HIGHWAY	
CITY-ST-ZIP	COCONUT GROVE FL 332330927	

TITLE	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMOS BETTY G	
STREET ADDRESS	3444-48 MAIN HIGHWAY	
CITY-ST-ZIP	COCONUT GROVE FL 332330927	

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

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

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

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: BETTY G. AMOS**PSTD 04/30/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)