

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000097422

1. Entity Name

ABDIEL ORTIZ CONSULTANTS INC.

Principal Place of Business

2121 W. RAMBLA ST.
TAMPA FL 33612

Mailing Address

12410 CARDIFF DR
TAMPA FL 33625

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3413339

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

VELEZ, NAYDA
12410 CARDIFF DR
TAMPA FL 33625

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, 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
PD
ORTIZ, ABDIEL
2121 W. RAMBLA ST.
TAMPA FL 33612



Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ORTIZ, ELSA M
2121 W. RAMBLA ST.
TAMPA FL 33612



Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TM
VELEZ, ANDRES
2121 W RAMBLA ST
TAMPA FL 33612



Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP



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STREET ADDRESS
CITY-ST-ZIP



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CITY-ST-ZIP



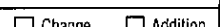
Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



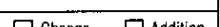
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



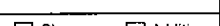
Change Addition

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STREET ADDRESS
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Change Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP



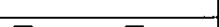
Change Addition

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STREET ADDRESS
CITY-ST-ZIP



Change Addition

TITLE
NAME
STREET ADDRESS
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 #

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90308 004 ***150.00

746597



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)