

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000026002

1. Entity Name

ABRETEK SYSTEMS, INCORPORATED

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90049 044 ***150.00

Principal Place of Business	Mailing Address
1001 BRICKELL BAY DR 130 MIAMI FL 33131 US	1001 BRICKELL BAY DR 130 MIAMI FL 33131-4936 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number	65-0738576	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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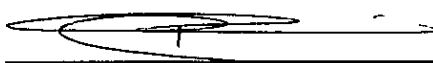
6. Name and Address of Current Registered Agent

ABREU, PETER M
1410 S.W. 93RD COURT
MIAMI FL 33174

7. Name and Address of New Registered Agent

Name: ABREU, PETER M
Street Address (P.O. Box Number is Not Acceptable):
1001 BRICKELL BAY DR #130
City: MIAMI FL Zip Code: 33131

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:  Peter M. Abreu 1/21/00
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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	ABREU, PETER M
STREET ADDRESS	1410 S.W. 93RD COURT
CITY-ST-ZIP	MIAMI FL 33174
TITLE	D <input type="checkbox"/> Delete
NAME	REYES, MARIO
STREET ADDRESS	4264 SW 161 PL
CITY-ST-ZIP	MIAMI FL 33185
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABREU PETER M
STREET ADDRESS	1001 BRICKELL BAY DR #130
CITY-ST-ZIP	MIAMI FL 33131-4936
TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REYES MARIO
STREET ADDRESS	1001 BRICKELL BAY DR #130
CITY-ST-ZIP	MIAMI FL 33131-4936
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  Peter M. Abreu 1/21/00 305 577 9888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)