

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**  
 05-13-2002 90260 025 \*\*\*150.00

**DOCUMENT # P97000026002**

**1. Entity Name**  
**ABRETEK SYSTEMS, INCORPORATED**

**Principal Place of Business**

1001 BRICKELL BAY DR  
 130  
 MIAMI FL 33131  
 US

**Mailing Address**

1001 BRICKELL BAY DR  
 130  
 MIAMI FL 33131  
 US

**2. Principal Place of Business**

2525 SW 3 Ave

**3. Mailing Address**

P.O. Box 797

Suite, Apt. #, etc.

Suite, Apt. #, etc.

# 304

City & State

MIAMI FL 33129

City & State

MIAMI FL

Zip

Country

33129

USA

Zip

33144

Country

USA

**4. FEI Number**

65-0738576

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

ABREU, PETER M  
 1001 BRICKELL BAY DR #130  
 MIAMI FL 33131

**7. Name and Address of New Registered Agent**

Name

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

2525 SW 3 Avenue

City

MIAMI

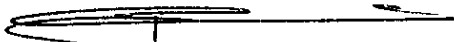
FL

Zip Code

33129

**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



PRESIDENT

4/26/02

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, 2002 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**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	ABREU, PETER M	1001 BRICKELL BAY DR #130	MIAMI FL 33131-4936	<input type="checkbox"/>
D	REYES, MARIO	1001 BRICKELL BAY DR #130	MIAMI FL 33131-4936	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		2525 SW 3 AVE, # 304	MIAMI, FL 33129	<input checked="" type="checkbox"/>
		2525 SW 3 AVE, # 304	MIAMI, FL 33129	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**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

4/26/02

Date

(305) 856-7701

Daytime Phone #

CR2E034 (9/01)