FILED

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000035160 1. Entity Name						Jan 23, 2002 8:00 am Secretary of State			
ABC CLU	IB, INC.					01-23-2002 900	21 032 ***15	50.00	

Principal Plac	ce of Business	Mailing Address							
4701 SW 132 AVE 4701 SW 132 AVE									
MIAMI FL 331	75	MIAMI FL 33175				(1882:1881 175 1811) (1881) (1881) (1881)	NU:84 (!)81 £((\$) ((\$)	9 AUTO 880 (88)	
•	Place of Business	3. Mailing Address						B DYNY BOW 1001	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & Ct-	1.	Cit. 8 Chat.				A CELL LA COLOR			
City & Stat	19	City & State			4. 1	65-0745180		Applied For Not Applicable	
Żip	Country	Zip	Count	ry	5. (Certificate of Status Desired	\$8.75 A		
	6. Name and Address of Current I	Registered Agent				Name and Address of New Registe	Fee Requi	red	
	ALEJANDRO			Name L.I	. /	·	-		
HERNANDEZ, -ALRIANDRO				HERNANCEZ ALEJANDRO Street Address (P.O. Box Number is Not Acceptable)					
4701 SW 132ND AVENUE MIAMI FL 33175				4701	ν 2ω	132 AUL			
MIAMI FL	331/3			City			Tin Co	do	
				City MI	<u>AMI </u>	7	FL 395°	75	
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	: Registered	Agent signature	required when re	einstating) [DATE		
	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Sta			.00	10. Election Campaign Financin Trust Fund Contribution.		00 May Be ed to Fees	
11.	OFFICERS AND I		-		AD	DITIONS/CHANGES TO OFFICERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERNANDEZ, ALEJANDRO 4201 SW 132ND AVE MIAMI FL 33175	☐ Delete		T ADDRESS ST-ZIP			} Change	Addition	
TITLE NAME	VP HERNANDEZ, LUISA	☐ Delete	TITLE NAME				Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	4701 SW 130TH AVENUE		STREE	T ADORESS ST-ZIP					
TITLE		☐ Delete	TITLE			,	☐ Change	☐ Addition	
Name Street address	**************************************		NAME	T ADDRESS				_	
CITY-ST-ZIP				ST-ZIP					
TITLE		☐ Delete	TITLE				Change	☐ Addition	
NAME STREET ADDRESS			NAME						
CITY-ST-ZIP				T ADORESS ST-ZIP					
TITLE	***************************************	☐ Delete	TITLE				Change	Addition	
name Street address			NAME	T ADDRESS					
CITY-ST-ZIP			CITY-						
TITLE	<u> </u>	☐ Delete	TITLE			*****	Change	Addition	
NAME STREET ADDRESS			NAME	T ADDDESS					
CITY-ST-ZIP	n		CITY-S	T ADORESS ST-ZIP					
	certify that the information supplied with on this report or supplemental errort is	this filing does not qualify for			in Section 1	119.07(3)(i), Florida Statutes. I furthe	er certify that the	information	
of the cor changed,	certify that the information supplied with on this report or supplemental eport is poration or the receiver or trustee empto or on an attachment with an address who	wered to execute this report a ith all other like empowered.	as require	ed by Chapte	er 607, Florid	da Statutes; and that my name appo	ears in Block 11	or Block 12 if	

SIGNATURE: _

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-02 (30s) 221-3272
Date Date Dayline Phone #