

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000053145

1. Entity Name

ABMA, INC.

Principal Place of Business

7925 NW 12 STREET
SUITE #318-D
MIAMI FL 33126

Mailing Address

7925 NW 12 STREET
SUITE #318-D
MIAMI FL 33126

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0765099

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

MALEK, FARHAD
2333 BRICKELL AVENUE
MEZZANINE SUITE
MIAMI FL 33129

Name

ABSALON MARTINEZ

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

7408 SW 117 AVE

City miami

FL

Zip Code 33183

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 PD ☐ Delete
NAME MARTINEZ, ABSALON
STREET ADDRESS 2333 BRICKELL AVENUE, MEZZANINE SUITE
CITY-ST-ZIP MIAMI FL 33129

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS 7408 SW 117 AVE
CITY-ST-ZIP miami, FL 33129

TITLE VD ☐ Delete
NAME MARTINEZ, ABSELO JR
STREET ADDRESS 2333 BRICKELL AVENUE, MEZZANINE SUITE
CITY-ST-ZIP MIAMI FL 33129

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS 7408 SW 117 AVE
CITY-ST-ZIP miami, FL 33129

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ABSALON MARTINEZ 4/26/01 805-470-7504

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)