

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000058244

1. Entity Name

ABSOLUTE BILLING SERVICE, INC.

Principal Place of Business

192 NW 47TH COURT  
MIAMI FL 33126

Mailing Address

192 NW 47TH COURT  
MIAMI FL 33126-5219

2. Principal Place of Business

762 NW 132nd COURT

Suite, Apt. #, etc.

3. Mailing Address

762 NW 132 COURT

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33182

Country

DADE

Zip

33182

Country

DADE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LASA, EVELIO  
192 NW 47TH COURT  
MIAMI FL 33126

Name: EVELIO LASA

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

762 NW 132nd COURT

City Miami

FL

Zip Code 33182

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

*Evelio Lasas* President

*Evelio Lasas*

1/12/2000

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, 2000 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	PTSD	<input type="checkbox"/> Delete
NAME	LASA, EVELIO	
STREET ADDRESS	192 NW 47TH COURT	
CITY-ST-ZIP	MIAMI FL 33126	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LASA, EVELIO	
STREET ADDRESS	762 NW 132nd COURT	
CITY-ST-ZIP	Miami, FL 33182	
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		
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:

*Evelio Lasas* President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/2000

(305) 220-2313  
Daytime Phone #

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90270 004 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)