

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 22, 2000 8:00 am**  
**Secretary of State**

08-22-2000 90234 001 \*\*\*150.00

DOCUMENT # P97000069658  
 1. Entity Name **AMERICAN BASE CORPORATION**

Principal Place of Business      Mailing Address  
**6276 NW. 186th STREET**      **6276 NW. 186th STREET**  
**SUITE # 112**      **SUITE # 112**  
**MIAMI, FL 33015**      **MIAMI, FL 33015**

2. Principal Place of Business      3. Mailing Address  
**15302 SW. 52nd LANE**      **15302 SW. 52nd LANE**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**MIAMI, FLORIDA**      **MIAMI, FLORIDA**  
 Zip      Zip      Country      Country  
**3185**      **33185**      **USA**      **USA**

4. FEI Number      Applied For  
**65-3460940**      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  
**IGLESIAS, ADOLFO E.**      Name  
**12010 SW 97th STREET**      Street Address (P.O. Box Number is Not Acceptable)  
**MIAMI, FL 33186-2606**      City      **FL**      Zip Code

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, 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>PD</b> <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VIDAL, OCTAVIO</b>	NAME	<b>VIDAL, OCTAVIO</b>
STREET ADDRESS	<b>6276 NW 186th STREET, STE# 112</b>	STREET ADDRESS	<b>15302 SW. 52nd LANE</b>
CITY-ST-ZIP	<b>MIAMI, FL 33015</b>	CITY-ST-ZIP	<b>MIAMI, FL 33185</b>
TITLE	<b>SD</b> <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HURTADO, MIRIAM</b>	NAME	
STREET ADDRESS	<b>6276 NW. 186th STREET, STE# 112</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI, FL 33015</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:  **President**      Date **8/18/00**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/99)

DOC # P97000069658  
AC0073978

August 11, 2000

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Sir or Madam:

I am sending you the Uniform Business Report I received from you. I got really concerned when I did not receive a pre-printed annual report. I think the reason for not getting it was due to the fact that I moved.

I then called your office to explain my problem and one of your attendants told me to complete this annual report and to write this letter. She told me to send the report and the money.

Please understand that this was not my fault. I thank you and the lady that took care of me for helping me solve this with the problem.