2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State
05-15-2001 90118 003 ***150.00

037470

U0052348

DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000094290

1. Entity Name
ABBA IMPEX CORPORATION

Principal Place of Business	Mailing Address
9092 127 STREET NO SEMINOLE FL 33776	9092 127 STREET NO SEMINOLE FL 33776

2. Principal Place of Business		3. Mailing Address	
9092-127th str. N		9092-127th str. N	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: SEMINOLE		City & State: Seminole	
Zip: 33776	Country: Pinellas	Zip: 33776	Country: Pinellas

4. FEI Number 59-3099451 ☐ 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
STEPNIEWSKI, JANUSZ 9092 - 127 STR N SEMINOLE FL 33776	Name Street Address (P.O. Box Number is Not Acceptable) 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 ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	P STEPNIEWSKI, JANUSZ 9092 - 127 ST N SEMINOLE FL 33776	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STEPNIEWSKI, HALINA C 9092 -127 ST N SEMINOLE FL 33776	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/00)

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: JANUSZ STEPNIEWSKI APR 26 01 727-392 5593
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #