

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000099077

1. Entity Name

A. B. WORK SERVICES, INC.

FILED

Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90075 007 ***150.00

Principal Place of Business

12319 SW 250TH STREET
HOMESTEAD FL 33032
US

Mailing Address

12319 SW 250TH STREET
HOMESTEAD FL 33032-5915
US

103344



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

14950 SW 248 ST

3. Mailing Address

14950 SW 248 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Homestead, FL

City & State

Homestead, FL

Zip

33032

Country

US

Zip

33032

Country

US

4. FEI Number

65-0821818

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ACOSTA, FLORA BEATRIZ
21001 SW 172ND AVE
MIAMI FL 33187

7. Name and Address of New Registered Agent

Name: Acosta, Flora Beatriz

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

14950 SW 248 ST

City: Homestead

FL

Zip Code

33032

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

TITLE PD ☐ Delete
NAME GONZALEZ, FLORA BEATRIZ
STREET ADDRESS ~~12319 SW 250TH STREET~~
CITY-ST-ZIP ~~HOMESTEAD FL 33032~~

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 14950 SW 248 ST
CITY-ST-ZIP Homestead, FL 33032

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

TITLE ☐ Change ☐ Addition
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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:

Flora Beatriz Gonzalez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-15-00 (786)243-0729

CR2E034 (9/99)