## 2001 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Jan 31, 2001 8:00 am Secretary of State DOCUMENT # P97000101580 1. Entity Name ABCOT ENTERPRISES, INC. 01-31-2001 90057 014 \*\*\*150.00 Principal Place of Business Mailing Address 9200 S.W. 72ND STREET 9200 S.W. 72ND STREET MIAMI FL 33174 MIAMI FL 33174 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0806369 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CASTILLO, ALVARO B P.A. Street Address (P.O. Box Number is Not Acceptable) 1390 BRICKELL AVENUE SUITE 200 **MIAMI FL 33131** Zip Code FL 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition OCON, EVARISTO NAME NAME STREET ADDRESS 9200 S.W. 72ND STREET STREET ADDRESS CITY-ST-ZIP MIAMI FL 33174 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE ASHOURI, MODAR NAME NAME 9200 S.W. 72ND STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAM! FL 33174 CITY-ST-ZIP TITLE \_ Delete TITLE Change ☐ Addition CALDERON, ROBERTO NAME NAME STREET ADDRESS 9200 S.W. 72ND STREET STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33174** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition TELLERIA, JUAN NAME NAME STREET ADDRESS 9200 S.W. 72ND STREET STREET ADDRESS CITY-ST-ZIP MIAMI FL 33174 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change BORRERO, GEORGE NAME STREET ADDRESS 9200 S.W. 72ND STREET STREET ADDRESS CITY-ST-7IP MIAM! FL 33174 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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.