

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State
 05-24-2002 91286 046 ***150.00

DOCUMENT # P97000106158

1. Entity Name
ABREGO CLEANING CO., INC.

Principal Place of Business

**2974 SE ABA STREET
 PORT ST. LUCIE FL 34952**

Mailing Address

**2974 SE ABA STREET
 PORT ST. LUCIE FL 34952**

2. Principal Place of Business

2962 SE ABA ST

3. Mailing Address

2962 SE ABA ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PORT ST LUCIE, FL.

City & State

PORT ST. LUCIE, FL.

Zip

Country

34952 ST. LUCIE

Zip

Country

34952 ST. LUCIE

6. Name and Address of Current Registered Agent

**ABREGO, RANDY L.
 2974 SE ABA STREET
 PORT ST. LUCIE FL 34952**

7. Name and Address of New Registered Agent

Name **MELINDA ABREGO**

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

2962 SE ABA ST

City

PORT ST LUCIE FL

FL

Zip Code

34952

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 **MELINDA ABREGO President**

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/02

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, 2002 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 **D** ☐ Delete
 NAME **ABREGO, RANDY**
 STREET ADDRESS **P.O. BOX 1315**
 CITY-ST-ZIP **STUART FL 34995**

TITLE **D** ☐ Delete
 NAME **ABREGO, MELINDA L**
 STREET ADDRESS **P.O. BOX 1315**
 CITY-ST-ZIP **STUART FL 34995**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 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
 CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **Melinda Abrego President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/30/02

Daytime Phone #

561-337-5577

CRZE034 (9/01)