

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**  
 05-24-2002 91277 023 \*\*\*150.00

01/02/02 AV

<b>DOCUMENT # P98000056910</b>	
1. Entity Name <b>ABS-CAPITAL, INC.</b>	
Principal Place of Business <b>20911 JOHNSON ST. STE 123 PEMBROKE PINES FL 33029</b>	Mailing Address <b>20911 JOHNSON ST. STE 123 PEMBROKE PINES FL 33029</b>
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0867662</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required		
6. Name and Address of Current Registered Agent		
7. Name and Address of New Registered Agent		
Name <b>Jeremy GAYNOR, CPA</b>		
Street Address (P.O. Box Number is Not Acceptable) <b>9690 W. Sample Rd, Suite 202</b>		
City <b>Coral Springs, FL</b> Zip Code <b>33065</b>		

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 Jeremy GAYNOR DATE 4/25/02

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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BELLORIN ROSARIO, ALCIDES A</b> <b>175478 SW 36TH STREET</b> <b>MIRAMAR FL 33027</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Bellorin Rosario, Alcides</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>20911 Johnson St, Suite 123</b> <b>P. Pines, FL 33029</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CONTRERAS, MARTHA SALAS</b> <b>175478 SW 36TH STREET</b> <b>MIRAMAR FL 33027</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Contreras, Martha Salas</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>20911 Johnson St, Suite 123</b> <b>P. Pines, FL 33029</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: [Signature] DATE 4/25/02 DAYTIME PHONE # (954) 443-8090

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)