

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90024 043 ***150.00

DOCUMENT # P98000062880

1. Entity Name

AB & C GROUP OF SOUTH FLORIDA, INC.

Principal Place of Business

**13406 SOUTHWEST 128TH STREET
 MIAMI FL 33186
 US**

Mailing Address

**13406 SOUTHWEST 128TH STREET
 MIAMI FL 33176-5918
 US**

2. Principal Place of Business

**8805 S.W. 129 STREET
 Suite, Apt. #, etc.**

3. Mailing Address

**8805 S.W. 129 STREET
 Suite, Apt. #, etc.**



DO NOT WRITE IN THIS SPACE

City & State
MIAMI, FL.

City & State
MIAMI, FL.

4. FEI Number **65-0851696**

Applied For
 Not Applicable

Zip
33186

Country
USA

Zip
33176

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**AMERILAWYER
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

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

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 **FARRELL, DEBORAH R**
 STREET ADDRESS **13406 SOUTHWEST 128TH STREET**
 CITY-ST-ZIP **MIAMI FL 33186**

TITLE **VD** ☒ Delete
 NAME **PRANDINI, RANDY**
 STREET ADDRESS **13406 SOUTHWEST 128TH STREET**
 CITY-ST-ZIP **MIAMI FL 33186**

TITLE **SD** ☒ Delete
 NAME **PRANDINI, CRAIG J**
 STREET ADDRESS **13406 SOUTHWEST 128TH STREET**
 CITY-ST-ZIP **MIAMI FL 33186**

TITLE **TD** ☐ Delete
 NAME **FARRELL, ROBERT C**
 STREET ADDRESS **13406 SOUTHWEST 128TH STREET**
 CITY-ST-ZIP **MIAMI FL 33186**

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 **PD** ☒ Change ☐ Addition
 NAME **FARRELL, DEBORAH R.**
 STREET ADDRESS **8805 SW 129 ST.**
 CITY-ST-ZIP **MIAMI, FL. 33176**

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

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

TITLE **STD** ☒ Change ☐ Addition
 NAME **FARRELL, ROBERT C.**
 STREET ADDRESS **8805 SW 129 ST.**
 CITY-ST-ZIP **MIAMI, FL. 33176**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/00
 Date

(305) 253-5975
 Daytime Phone #

CR2E034 (9/99)