

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000066812

1. Entity Name  
A.B. GROUP SALES, INC.

**FILED**  
**Mar 08, 2001 8:00 am**  
**Secretary of State**

03-08-2001 90190 023 \*\*\*150.00

Principal Place of Business

Mailing Address

20301 NE 30 AVE. #114  
AVENTURA FL 33180

20301 NE 30 AVE. #114  
AVENTURA FL 33180

2. Principal Place of Business

3. Mailing Address

873 NE 15 STREET

873 NE 15 STREET

Suite (Ap) #, etc.

Suite (Ap) #, etc.

306

306

City & State

City & State

MIAMI, FL

MIAMI, FL

Zip

Country

MIAMI-

Zip

Country

MIAMI-

33179-3443

DADE

33179-3443

DADE

6. Name and Address of Current Registered Agent

4. FEI Number 65-0883541

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of New Registered Agent

Name

GANG, RONA

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

873 NE 15 STREET APT 306

City

MIAMI

FL

Zip Code

33179-3443

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	CHURBA, KAMI B	
STREET ADDRESS	1601 NW 101 WAY	
CITY-ST-ZIP	PLANTATION FL 33322	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GANG, RONA	
STREET ADDRESS	20301 NE 30 AVE. #114	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	873 NE 15 STREET	
CITY-ST-ZIP	MIAMI, FL 33179-3443	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RONA GANG

Date

Daytime Phone #

3/3/01 - 305-244-6467

CR2E034 (10/00)