

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000073768

1. Entity Name
ABAKUA INC.

FILED
Apr 13, 2001 8:00 am
Secretary of State
04-13-2001 90055 027 ***150.00

Principal Place of Business

10801 SW 109TH COURT
SUITE D-109
MIAMI FL 33176

Mailing Address

P O BOX 220506
HOLLYWOOD FL 33022

00000124



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

on box 403322
MIAMI BEACH

City & State

FLORIDA

4. FEI Number

65-0860128

Applied For

Not Applicable

Zip

Country

Zip

33140

Country

USA

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GODREAU, JOSE
10801 SW 109TH COURT
SUITE D-109
MIAMI FL 33176

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, 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 **PSD** ☐ Delete
NAME **SILVA, SAMUEL**
STREET ADDRESS **P.O. BOX 220506**
CITY-ST-ZIP **HOLLYWOOD FL 33022**

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **SILVA, SAMUEL**
STREET ADDRESS **P.O. BOX 403322**
CITY-ST-ZIP **MIAMI, FL 33140**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VICE-PRES.** ☐ Change ☒ Addition
NAME **SILVA, SAMUEL, SR**
STREET ADDRESS **P.O. BOX 403322**
CITY-ST-ZIP **MIAMI, FL 33140**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SECRETARY** ☐ Change ☒ Addition
NAME **SANTOS, A.D.**
STREET ADDRESS **P.O. BOX 403322**
CITY-ST-ZIP **MIAMI, FL 33140**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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

SAMUEL SILVA

4/5/01

Date

Daytime Phone #

CR2E034 (10/00)