2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000012588

1. Entity Name
A.B. ENTERPRISES, INC.

FILED
00 FEB 18 PM 2:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
~~5380 SW 92ND AVENUE~~	~~5380 SW 92ND AVENUE~~
~~MIAMI FL, 33165~~	~~MIAMI FL, 33165~~

2. Principal Place of Business		3. Mailing Address	
1800 WEST 49TH STREET		1800 WEST 49TH STREET	
Suite, Apt. #, etc.: SUITE #324-R		Suite, Apt. #, etc.: SUITE #324-R	
City & State: HIALEAH FL,		City & State: HIALEAH FL,	
Zip: 33012	Country: USA	Zip: 33012	Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0893326 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

AMAURY BELLO
5380 SW 92ND AVENUE
MIAMI FL, 33165

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
200003149002--0
-02/28/00--01024--019
****150.00 ****150.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR/PRESIDENT AMAURY BELLO 5380 SW 92ND AVENUE MIAMI FL, 33165 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE-PRESIDENT/SECRETARY JUAN I. NODARSE 6005 EAST 4TH AVENUE HIALEAH FL, 33013 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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] 2/14/00 305 3453451
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #