2001 UNIFORM BUSINESS REPORT (UBR)

AMENDED

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 SEP 28 PM 2:03

DOCUMENT # P99000019830

1. Entity Name
ABK FINANCIAL INC.

Principal Place of Business	Mailing Address

2. Principal Place of Business	3. Mailing Address
3900 NW 79TH AVE	3900 NW 79TH AVE
Suite, Apt. #, etc. 417	Suite, Apt. #, etc. 417
City & State MIAMI FL	City & State MIAMI FL
Zip 33166 Country USA	Zip 33166 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0902016 ☐ Applied For ☐ Not Applicable

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
RICHARD YECORA 3900 NW 79TH AVE #417 MIAMI FL 33166	Name JOSE A CALVO Street Address (P.O. Box Number is Not Acceptable) 3900 NW 79TH AVE, SUITE 417 City MIAMI FL **FL** Zip Code 33166

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 JOSE A CALVO, Jose A Calvo 9-25-01
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition CFO, D BROWN, ROBERT L 3900 NW 79TH AVE, SUITE 417 MIAMI FL 33166
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☒ Addition PRESIDENT, CEO, D CALVO, JOSE A 3900 NW 79TH AVE SUITE 417 MIAMI FL 33166
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Delete STVP RICHARD YECORA 3975 NW 24TH ST. MIAMI FL 33142	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition GEN. MGR., D CARULLI, LEONARD 3900 NW 79TH AVE, SUITE 417 MIAMI FL 33166
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition ST, D ARTEAGA, MARIA 3900 NW 79TH AVE, SUITE 417 MIAMI FL 33166
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 500004621825--6 -10/03/01--01059--009 *****61.25 *****61.25

CR2E034 (11/00)

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: Jose A Calvo 9-25-01 (305)794-9524
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JOSE A CALVO