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## 2001 UNIFORM BUSINESS REPORT (UBR)

## Apr 23, 2001 8:00 am Secretary of State DOCUMENT # P99000020540 ABC US HOLDINGS, INC. 04-23-2001 90218 043 \*\*\*150.00 Principal Place of Business Mailing Address 13005 CORONADO DRIVE 13005 CORONADO DRIVE MIAMI FL 33181 MIAMI FL 33181 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0909462 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ARTOUNIAN -- ART --Street Address (P.O. Box Number is Not Acceptable) 13005 CORONADO DRIVE MIAMI FL 33181 City 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 4/11/01 SIGNATURE Signature, typed or printed ed agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) ☐ Addition TITLE ☐ Delete TITLE ☐ Change ADIE, SET NAME NAME STREET ADDRESS STREET ADDRESS 9880 S.W. 4TH ST. CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33324 ☐ Addition TITLE ☐ Delete TITLE ☐ Change HARTOONIAN, ROOBIK NAME NAME STREET ADDRESS 1552 N.W. 102 DRIVE STREET ADDRESS CITY\_ST\_7IP CITY-ST-7IP CORAL SPRINGS FL 33071 TITLE Delete TITLE ☐ Change ☐ Addition ARTOUNIAN, ART NAME NAME 13005 CORONADO DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33181 TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME DANIALY, VACHIK NAME STREET ADDRESS 20125-8 N.E. 3RD CT. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33179** TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME DAVODI, VREJ NAME STREET ADDRESS 104 S.W. 2ND AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HALLANDALE FL 33009 TITLE n ☐ Delete TITLE ☐ Change ☐ Addition NAME DROHAN, GAGIK STREET ADDRESS 104 S.W. 2ND AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HALLANDALE FL 33009

13. I hereby certify that the information supplied with this filling 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! 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 YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/01

305/778-944

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