

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000030182
Entity Name
ABIG GROUP INC.

FILED
Jun 02, 2000 8:00 am
Secretary of State
06-02-2000 90007 034 ***150.00

1. Principal Place of Business
3550 Biscayne Blvd
102
Miami, FL 33131

2. Mailing Address
3550 Biscayne Blvd.
#402
Miami, FL 33131

742017

3. Principal Place of Business
0101 E. Bay Harbor Dr.
Suite, Apt. #, etc.
00

3. Mailing Address
10101 E. Bay Harbor Dr.
Suite, Apt. #, etc.
708

City & State
Miami, FL 33154

City & State
Miami, FL 33154

Zip
33154

Country
USA

Zip
33154

Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number ☒ Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SAGLIMBENI, FELIPE C.
10101 E. Bay Harbor Dr.
Miami, FL 33154

7. Name and Address of New Registered Agent

Name
SAGLIMBENI, FELIPE C.

Street Address (P.O. Box Number is Not Acceptable)
10101 E. Bay Harbor Dr. #708

Miami, FL 33154

City
Miami

FL

Zip Code
33154

The above named agent has been authorized for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

FELIPE C. SAGLIMBENI (REG. AGENT) 1st. May 2000

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
PDS SAGLIMBENI, FELIPE C 10101 E. Bay Harbor Dr. Miami, FL 33154	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP PDS SAGLIMBENI, FELIPE C 10101 E. Bay Harbor Dr. #708 Miami, FL 33154	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

3. 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 address, with all other like empowered.

SIGNATURE: FELIPE C. SAGLIMBENI 1st May 2000 (President)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 305-788-4874