

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 22, 2001 8:00 am**  
**Secretary of State**

03-22-2001 90017 049 \*\*\*158.75

**DOCUMENT # P99000045703**

1. Entity Name  
**AMERICA'S BUSINESS CONSULTING AND SERVICES, INC.**

Principal Place of Business

C/O JOHN JACOB YOULE  
 4418 S OCEAN BLVD.  
 HIGHLAND BEACH FL 33487

Mailing Address

C/O JOHN JACOB YOULE  
 4418 S OCEAN BLVD.  
 HIGHLAND BEACH FL 33487

2. Principal Place of Business

**16300 NE 19 AV**

Suite, Apt. #, etc.

**228**

City & State

**NORTH MIAMI BEACH**

Zip

**33162**

Country

**USA**

3. Mailing Address

**16300 NE 19 AV**

Suite, Apt. #, etc.

**228**

City & State

**NORTH MIAMI BEACH**

Zip

**33162**

Country

**USA**

4. FEI Number **65-0942950**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

Name

**FERNANDO SILVA**

Street Address (P.O. Box Number is Not Acceptable)

**16300 NE 19 AV SUITE 100**

City

**NORTH MIAMI BEACH**

FL

Zip Code

**33162**

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

TITLE	P	<input type="checkbox"/> Delete
NAME	MELO, DIONISIO E	
STREET ADDRESS	4418 S. OCEAN BLVD.	
CITY-ST-ZIP	HIGHLAND BEACH FL 33487	
TITLE	VP	<input type="checkbox"/> Delete
NAME	VIVIANI, ROSANA B	
STREET ADDRESS	4418 S. OCEAN BLVD.	
CITY-ST-ZIP	HIGHLAND BEACH FL 33487	
TITLE	VP	<input type="checkbox"/> Delete
NAME	YOULE, JOHN J	
STREET ADDRESS	4418 S. OCEAN BLVD.	
CITY-ST-ZIP	HIGHLAND BEACH FL 33487	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELO, DIONISIO E	
STREET ADDRESS	16300 NE 19TH AVE, SUITE 228	
CITY-ST-ZIP	N. MIAMI BEACH FL. 33162	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIVIANI, ROSANA B	
STREET ADDRESS	16300 NE 19TH AVE SUITE 228	
CITY-ST-ZIP	N. MIAMI BEACH FL 33162	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOULE, JOHN J	
STREET ADDRESS	16300 NE 19TH AVE SUITE 228	
CITY-ST-ZIP	N. MIAMI BEACH FL. 33162	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

**DIONISIO E MELO**

**3/19/01**

Date

Daytime Phone #

CR2E034 (10/00)