

2002
2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000045703

1. Entity Name

AMERICA'S BUSINESS CONSULTING
& SERVICE INC.

Principal Place of Business

16300 NE 19 AVE
Suite 228
N. M. Beach FL 33162

Mailing Address

16300 NE 19 AVE. 228
N. Miami Beach
FL 33162

2. Principal Place of Business

16375 NE 18 AVE
Suite, Apt. #, etc.
315

3. Mailing Address

16300 NE 19 AVE
Suite, Apt. #, etc.
C

City & State

North Miami Beach

City & State

North Miami Beach

Zip

33162

Country

Zip

33162

Country

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

7. Name and Address of New Registered Agent

Name

Fernando Silva

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

16300 NE 19 AVE

Suite C

City

N. 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

2/19/02

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 \$550.00
AND SEPTEMBER 26, 2000 MIN. WILL BE \$750.00
LATE CHRG 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
PRESIDENT / SEC.
DIONISIO MELO
16375 NE 18 AVE #315
N. M. Beach FL 33162

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
ROSANA VIVIANI
16375 NE 18 AVE #315
N. M. Beach FL 33162

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
JOHN YOULE
1755 LINTON LAKE DR # F
Delray Beach FL 33445

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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600005205256--4
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CITY-ST-ZIP

TITLE
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

2-19-2002

Date

Daytime Phone #

CR2002 (5-00)