

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000049659

Entity Name
A.B.C. U.S.A., INC.

FILED
May 03, 2000 8:00 am
Secretary of State
05-03-2000 90119 013 ***150.00

Principal Place of Business
SOUTH BISCAYNE BOULEVARD
4815
FL 33131

Mailing Address
2740 N.W. 104TH COURT
MIAMI FL 33172-2475

00053336



DO NOT WRITE IN THIS SPACE

Principal Place of Business		3. Mailing Address	
		5599 BISCAYNE BLVD.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
		MIAMI	
Zip	Country	Zip	Country
		33137	FL

4. FEI Number	Applied For
65-0973369	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

6. Name and Address of Current Registered Agent

SALUSSOLIA, PIERO
200 SOUTH BISCAYNE BOULEVARD
SUITE 4815
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

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

City

FL

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.

SIGNATURE _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	834 OCEAN DRIVE SUITE 501		STREET ADDRESS	834 OCEAN DRIVE SUITE 501	
CITY-ST-ZIP	MIAMI BEACH FL 33139		CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	VP/T/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS	FICHERA, GIUSEPPE	
CITY-ST-ZIP			CITY-ST-ZIP	5599 BISCAYNE BLVD. 22-(OSMANNORO)	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	MIAMI, FL 33137	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: GIUSEPPE FICHERA 04/27/00 (305) 373-7016
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)