

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 16, 2003 8:00 am
Secretary of State

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05-19-2003 90209 009 ***150.00

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1. Entity Name
ABSOLUTE MANAGEMENT CORP.

Principal Place of Business
**5055 NW 74 AVE.
MIAMI FL 33166**

Mailing Address
**5055 NW 74 AVE.
MIAMI FL 33166**

33040103

2. Principal Place of Business
1759 Palm Ave
Suite, Apt. #, etc.

3. Mailing Address
1759 Palm Ave
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Hialeath FL

City & State
Hialeath FL

4. FEI Number
65-0947371

Applied For
☐ Not Applicable

Zip
33010 Country
USA

Zip
33010 Country
USA

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

**SPRINGER, ROY
5055 NW 74 AVE.
MIAMI FL 33166**

Name
Robert Muriadas
Street Address (P.O. Box Number is Not Acceptable)
1759 Palm Ave
City
Hialeath FL Zip Code
33010

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
PD ☐ Delete
NAME
MARONO, MANNY
STREET ADDRESS
5055 NW 74 AVE.
CITY-ST-ZIP
MIAMI FL 33166

TITLE
VPD ☐ Delete
NAME
MURIEDAS, ROBERT
STREET ADDRESS
5055 NW 74 AVE.
CITY-ST-ZIP
MIAMI FL 33166

TITLE
☐ Delete
NAME
☐ Delete
STREET ADDRESS
☐ Delete
CITY-ST-ZIP
☐ Delete

TITLE
☐ Delete
NAME
☐ Delete
STREET ADDRESS
☐ Delete
CITY-ST-ZIP
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TITLE
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NAME
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STREET ADDRESS
☐ Delete
CITY-ST-ZIP
☐ Delete

TITLE
☐ Delete
NAME
☐ Delete
STREET ADDRESS
☐ Delete
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 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

Date

Daytime Phone #

CR2E034 (10/02)