FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 11, 2001 8:00 am Secretary of State DOCUMENT # P99000057591 1. Entity Name ABREO, INC. 04-11-2001 90046 009 ***150.00 Principal Place of Business Mailing Address 20283 STATE ROAD 7 5595 S HIHGWAY A1A SUITE 300 MELBOURNE BEACH FL 32951 BOCA RATON FL 33498 2. Principal Place of Business 3. Mailing Address 7900 900 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0927610 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired П USA Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BLASI, ANDREW B PA Box Number is Not Acceptable 20283 STATE ROAD 7 SUITE 300 **BOCA RATON FL 33498** City 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. NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PSD TITLE . ☐ Delete BLASI, ANDREW B NAME NAME 7900 Glades Road fruite 300 Boca Rafar, Fr 33737 20283 STATE ROAD 7 #300 STREET ADDRESS STREET ADDRESS BOCA RATON FL 33498 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS المواجعة كالمراجب CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS 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.