## FILED 2000 UNIFORM BUSINESS REPORT (UBR) Sep 12, 2000 8:00 am Secretary of State DOCUMENT # **P99000065359** 1. Entity Name ABM 2000, CORP. 09-12-2000 90149 022 \*\*\*550.00 Principal Place of Business Mailing Address 133 SEVILLA 133 SEVILLA CORAL GABLES FL 33134 **CORAL GABLES FL 33134** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0939637 Not Applicable Country Zip Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LOPEZ, PETER M ESQ. Street Address (P.O. Box Number is Not Acceptable) 133 SEVILLA **CORAL GABLES FL 33134** Zip Code FI 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rainstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Delete Change Addition TITLE TITLE BUSCEMA, ANTONIO NAME STREET ADDRESS 133 SEVILLA STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Addition TITLE Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME - -NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling does indicated on this report or supplemental report in true and acqui does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director 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 er like empowered

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

STREET ADDRESS

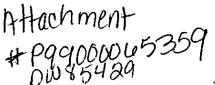
CITY-ST-ZIP

心況EANTONIO BUSCEMA, Director

☐ Change

☐ Addition

## Rollnick & Linden, P.A.



Attorneys At Law

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Coral Gables FL 33134

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Fax 305 444 3683

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September 5, 2000

Uniform Business Report Division of Corporations P. O. Box 1500 Tallahassee, Florida 32302-1500

Re:

ABM 2000, Corp. -

2000 Uniform Business Report Filing

## Gentlemen:

Enclosed you will find the Year 2000 Uniform Business Report ("UBR") for the above-referenced corporation together with Check No. 477 in the amount of \$550.00 made payable of the Department of State representing the required filing fee. Please stamp the enclosed copy of this letter to evidence your receipt of the enclosure and forward same to us in the self-addressed, stamped envelope provided.

Should you have any questions, please do not hesitate to contact me.

Very truly yours,

ROLLNICK & LINDEN, P.A.

PML/mob

Enclosure

cc: ABM 2000, Corp.

W:\12034\0001\LTR Div of Corp. trans UBR PML.WPD