

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000073225

1. Entity Name:

ABG INVESTMENTS, INC.

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90510 001 ***150.00
06-05-2000 90510 002 *****8.75

Principal Place of Business

Mailing Address

14230 SW 57TH LANE

14230 SW 57TH LANE

NO. 106

NO. 106

MIAMI FL 33183

MIAMI FL 33183-1056

2. Principal Place of Business

7354 NW. 34 ST.

3. Mailing Address

7354 NW. 34 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI - FL.

City & State

MIAMI - FL.

4. FEI Number

65-0966797

Applied For

Not Applicable

Zip

33122

Country

USA

Zip

33122

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

BELLO, JOSE

14230 SW 57TH LANE

NO. 106

MIAMI FL 33183

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

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

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

DATE

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 \$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.

☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	GUEVARA, PAULA C	
STREET ADDRESS	14230 SW 57TH LANE	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BELLO, JOSE	
STREET ADDRESS	14230 SW 57TH LANE	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ARREAZA, ROBERTO	
STREET ADDRESS	14230 SW 57TH LANE	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
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NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/10/00
Date

305-5027120
Daytime Phone #

CR2034 (9/99)