FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Jan 22, 2001 8:00 am DOCUMENT # P99000073225 **Secretary of State** 1. Entity Name ABG INVESTMENTS, INC. 01-22-2001 90058 001 *****8.75 01-22-2001 90058 002 ***150.00 Principal Place of Business Mailing Address 7354 NW 34 ST 7354 NW 34 ST MIAMI FL 33122 MIAMI FL 33122 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0966797 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JOSE A. BELLO, JOSE Street Address (P.O. Box Number is Not Acceptable) 14230 SW 57TH LANE NO. 106 126 \$W. MIAM! FL 33183 ered office or registered agent, or both, in the State of Florida. 8. The above named entity s bmits this statement for the purpose of changing its regis 01-09-01 SIGNATURE Signature, typed or p of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00__ 9: -This corporation is eligible satisfy its Intangible 🗻 10: Election Campaign Financing \$5.00 May Be After MAY 1, 2007 Fee will be \$550.00 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. GUEVARA, PAULA C. 7210 SW, 126 CT. Addition TITLE ☐ Delete TITI F GUEVARA, PAULA C NAME NAME 14230 SW 57TH LANE STREET ADDRESS STREET ADDRESS MIAMI - FLORIDA CITY-ST-ZIP CITY-ST-ZIP 33183 **MIAMI FL 33183** ☐ Addition TITLE Delete BELLO, JOSE A. 7210 SW. 126 CT. TITLE NAME **BELLO, JOSE** NAME STREET ADDRESS STREET ADDRESS 14230 SW 57TH LANE CITY-ST-ZIP MIAMI FLORIDA 33183 CITY-ST-ZIP **MIAMI FL 33183** SD ARREAZA, ROBERTO Change Change ☐ Addition ☐ Delete TITLE TITLE ARREAZA, ROBERTO NAME NAME 1014 NW. 136 CT. 14230 SW 57TH LANE STREET ADDRESS STREET ADDRESS CITY-ST-7IP Miami - FLORIDA 33182 CITY-ST-ZIP **MIAMI FL 33183** Addition ☐ Delete TITLE TITL F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 tuestee 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 artischment with an address, with all other like empowered.

JOSEA- BELLO

MATURE AND TYPED OR

SIGNATURE: