

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90082 001 ***150.00
01-15-2003 90082 002 *****8.75

DOCUMENT # P99000073225

1. Entity Name
ABG INVESTMENTS, INC.



Principal Place of Business
**7354 NW 34 ST
MIAMI FL 33122**

Mailing Address
**7354 NW 34 ST
MIAMI FL 33122**

55001150



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0966797

Applied For

Not Applicable

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
7210 SW 126TH COURT
MIAMI FL 33183**

*SAME REGISTERED AGENT
"CHANGE OF ADDRESS"*

Name

BELLO, JOSE

Street Address (P.O. Box Number is Not Acceptable)

1205 ANDORA AVE.

City

CORAL GABLES

FL

Zip Code

33146

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 reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	GUEVARA DE BELLO, PAULA	
STREET ADDRESS	7210 SW 126 CT. 1205 ANDORA AVE.	
CITY-ST-ZIP	MIAMI FL 33183 CORAL GABLES - FL 33146	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BELLO, JOSE	
STREET ADDRESS	7210 SW 126 CT. 1205 ANDORA AVE.	
CITY-ST-ZIP	MIAMI FL 33183 CORAL GABLES - FL 33146	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ARREAZA, ROBERTO	
STREET ADDRESS	7210 SW 126 CT. 1014 NW. 136 CT.	
CITY-ST-ZIP	MIAMI FL 33183 Miami - FL 33182	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Paula Guevara* REJECTED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-09-03

305-5027120

Date

Daytime Phone #

CR2E034 (10/02)