

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Sep 12, 2001 8:00 am
Secretary of State

09-12-2001 90006 029 ***150.00

DOCUMENT # P99000098072**1. Entity Name**
ABEL'S TRANSMISSIONS, CORP.**Principal Place of Business****39 S.W. 5TH STREET**
HOMESTEAD FL 33030**Mailing Address****39 S.W. 5TH STREET**
HOMESTEAD FL 33030**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number**65-0959446**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**CUENCA, ABEL A**
39 S.W. 5TH STREET
HOMESTEAD FL 33030**7. Name and Address of New Registered Agent**

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 reinstating)

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 \$550.00**
After September 12, 2001 Fee will be \$750.00
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****TITLE** **PTD** ☐ Delete
NAME **CUENCA, ABEL A**
STREET ADDRESS **39 SW 5TH STREET**
CITY-ST-ZIP **HOMESTEAD FL 33030****TITLE** **SVD** ☐ Delete
NAME **CUENCA, ABEL A**
STREET ADDRESS **39 SW 5TH STREET**
CITY-ST-ZIP **HOMESTEAD FL 33030****TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
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CITY-ST-ZIP**TITLE** ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)

Attachment
P99000098072
775122

8-20-01

From: Abel's Transmissions, Corp.

200 NW. 12 Street Bay #1
Florida City, FL 33034

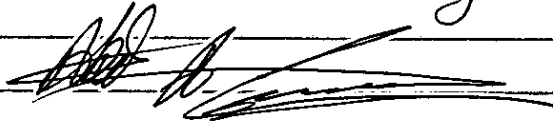
305-247-2100

old address - 39 S.W. 5th Street
Honestead FL 33030

Document # P99000098072

This is to inform you, that I did not
received a first letter. I have also given you
above my new address.

Sincerely:



Abel A. Cuenca