

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000106449

1. Entity Name

A.B.H., INC.

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90012 015 ***150.00

Principal Place of Business

444 BRICKELL AVE.,STE.616
MIAMI FL 33131

Mailing Address

444 BRICKELL AVE.,STE.616
MIAMI FL 33131

2. Principal Place of Business

12032 SW 132 Ct
Suite, Apt. #, etc.
204

3. Mailing Address

12032 SW 132 Ct
Suite, Apt. #, etc.
204

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33186

Country

USA

Zip

33186

Country

USA

4. FEI Number

65-0978396

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BULA, ANTONIO
444 BRICKELL AVE.,STE.616
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

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

6205 SW Kendall Lake Circle # F-82

City

MIAMI

FL

Zip Code

33183

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 \$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

TITLE P
NAME BULA, ANTONIO
STREET ADDRESS 444 BRICKELL AVE.,STE.616
CITY-ST-ZIP MIAMI FL 33131 ☐ Delete

TITLE V
NAME BULA, ISBEL PEREZ DE
STREET ADDRESS 444 BRICKELL AVE.,STE.616
CITY-ST-ZIP MIAMI FL 33131 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 6205 SW Kendall Lake Circle # F-82
CITY-ST-ZIP MIAMI FL 33183 ☒ Change ☐ Addition

TITLE
NAME Bula Isabel Perez de
STREET ADDRESS 6205 SW Kendall Lake Circle # F-82
CITY-ST-ZIP MIAMI FL 33183 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

III-1/00 (305)2322833

Date

Daytime Phone #