

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State
 05-15-2000 90058 001 ***600.00

DOCUMENT # S78834

1. Entity Name
 ABACO INVESTMENT, INC.

Principal Place of Business 3927 YELLOW FINCH RD SUITE 230 FL 33549	Mailing Address 3959 VAN DYKE RD #392 LUTZ FL 33549-8025 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3092150 **Applied For** ☐ **Not Applicable**

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

6. Name and Address of Current Registered Agent DURAND, MANUEL A 3927 YELLOW FINCH LN LUTZ FL 33549	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (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. ☐ **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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAVO-SAEZ, JESUS	NAME	
STREET ADDRESS	5406 BLUE HERON LN	STREET ADDRESS	
CITY-ST-ZIP	WESLEY CHAPEL FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELENDEZ-DELGADO, OLGA M.	NAME	
STREET ADDRESS	5406 BLUE HERON LN	STREET ADDRESS	
CITY-ST-ZIP	WESLEY CHAPEL FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELENDEZ-DELGADO, CARLOS	NAME	
STREET ADDRESS	ANTONIO VANDEWALLE PINTO	STREET ADDRESS	
CITY-ST-ZIP	SPAIN	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAVO-SAEZ, GREGORIO	NAME	
STREET ADDRESS	ZENIT, 21	STREET ADDRESS	
CITY-ST-ZIP	SPAIN	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHOLTES, ALOYSE	NAME	
STREET ADDRESS	44 RUE DE WILTZ	STREET ADDRESS	
CITY-ST-ZIP	LUXEMBOURG	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 affidavit with all other like empowered.

SIGNATURE: _____ **4/7/00 (813) 908-0394**
 _____ **Date** **Daytime Phone #**
 JESUS BRAVO

CR2E034 (9/99)