

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V29919

1. Entity Name
ABDO CHOEFATI INC.

FILED
Aug 17, 2000 8:00 am
Secretary of State

08-17-2000 90103 036 ***150.00

Principal Place of Business

16212 MARSHFIELD DR.
TAMPA FL 33624
US

Mailing Address

16212 MARSHFIELD DR.
TAMPA FL 33624
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3111842**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

CHOEFATI, NELLY
16212 MARSHFIELD DR.
TAMPA FL 33624

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 13, 2000 Min. 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTV
CHOEFATI, ABDO
16212 MARSHFIELD DR.
TAMPA FL 33624 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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: ABDO CHOEFATI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-14-00
Date

813-7654444
Daytime Phone #

CR2E034 (5/00)

Aug. 10. 2000

attachment V 29915
0079765

I ABdo choefati owner of ABdo

choefati Inc had received a second
Notice to renew my corporation
around beging of May so I had
called the 1-850- number to verify
of the status of corporation the lady
had told me it is fine so I
had left the country just got
back beging of August I had
between my mail a 2nd notice
to renew the corporation again
so I had called again the
gentleman had said that the Corp
is fine but not be renewed
so you have till mid of Septembe

Attachment V299/9
007976

so I had explained to him what
happen in May where I had
called & the lady said the
corp is fine & that you
are having problem with computer
generating^{2nd} notices by mistake
so he had told me after I
gave ^{him} check number to go to
the bank & stop the check &
write another check in the
amount of 150.00 & mail it
again & that's what I am
going to please go ahead
& renew my corp ASDP
because I have business under

Attachment

V 29919

0079765

If you any questions please
free to call me at 813. 765. 4444
or 813. 960 4033.

I ask you again please to
take care of it ASAP.

Thank you

Abdes