## 2501 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT  1. Entity Name  A.B.C.L. PROPER		05						
Principal Place of Busine	ess	Mailing Address	Mailing Address					
1250 E. HALLANDALE BEA SUITE 904 HALLANDALE FL 33009 US	CH BLVD.	SUITE 904	HALLANDALE FL 33009					
2. Principal Place of Bus	iness	3. Mailing Address	3. Mailing Address					
Suite, Apt. #, etc.	· · · · · ·	Suite, Apt. #, etc	Suite, Apt. #, etc.					
City & State		City & State	City & State					
Zip	-Country	Zip	Cou	untry				
6. Nan	ne and Address of C	urrent Registered Agent						
<	Name							
CORPCO INC. 2699 S BAYSH				Street Addres				

## FILED Mar 12, 2001 8:00 am Secretary of State

03-12-2001 90436 005 \*\*\*158.75



Principal Place of Business     3. Mailing Address										
Suite, Apt. #, etc.		Suite, Apt, #, etc.				( 186) FUIRI BUR SAUD IN SUBSTRUCT OF THE SUBSTRUCT BUR SUBSTRUCT				
Guile, Apr. #, etc.			Suite, Apt. #1 etc.			DO NOT WHITE IN THIS SPACE				
City & State			City & State		4. [	FEI Number 65-0341407		Applied For	]	
									Not Applicable	-
Zip		-Country	Zip Coun		ıtry	5. (	Certificate of Status Desired	\$8.75 A Fee Requi		
6. Name and Address of Current Registered Agent					I	7. 1	Name and Address of New Registered	Agent		]
لل درسي الرائي المستعمل في وهيون في المنطقة والمتحديد المستعمل المناسبة المتحديد المستعمل المتحديد المستعمل				Name						
CORPCO INC. 2699 S BAYSHORE DR				Street Address (P.O. Box Number is Not Acceptable)						
	E 700						4			1
MIAMI FL 33133		_		City		Fi	Zip Co	ode	-	
0 The h					10			<b>-</b> J		-
8. The above	named entit	y submits this statement for th	ne purpose of changing its	register	ed office or re	gistered ag	gent, or both, in the State of Florida.			
CIONATURE										
SIGNATURE _	Signature, typed	or printed name of registered agent and	title if applicable. (NOTE	: Registere	d Agent signature r	equired when re	reinstating) DATE			
This corporation is eligible to satisfy its Intangible						10. Election Campaign Financing	\$5	.00 May Be	1	
Tax filing requirement and elects to do so. (See criteria on back)		After MAY 1, 2001 Fee will be \$550.0 Make Check Payable to Department of \$			Trust Fund Contribution					
11.		OFFICERS AND DI	RECTORS	12.		AD	DDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	RS IN 11	_ [
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13. I hereby c	ertify that the	e information supplied with th	is filing does not qualify for	the exe	mption stated	in Section	119.07(3)(i), Florida Statutes. I further ce	ertify that the	information	1

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 consowered 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 agrees, with a other like empowered.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR