FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90305 001 ***476.25

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V46086

55035553

1. Entity Name
ABL USA ENTERPRISES, INC.

Principal Place of Business	Mailing Address
~~16505 NE 26TH AVE.~~	~~16505 NE 26TH~~ AVE.
MIAMI, FL 33160	MIAMI, FL 33160

2. Principal Place of Business 16420 NE 30th AVE	3. Mailing Address 16420 NE 30th AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Miami, Fl	City & State Miami Fl
Zip 33160 County USA	Zip 33160 Country USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0349781 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

BUDNICK, MYRON
~~16505 NE 26TH~~ AVE. 16420 NE 30th AVE
MIAMI, FL 33160

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ____________________ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	KOLSTER, MERCEDES C	NAME	
STREET ADDRESS	~~16505 NE 26TH~~ AVE.	STREET ADDRESS	16420 NE 30th AVE
CITY-ST-ZIP	MIAMI, FL 33160	CITY-ST-ZIP	
TITLE	SD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BUDNICK, MYRON H	NAME	
STREET ADDRESS	~~16505 NE 26TH~~ AVE.	STREET ADDRESS	16420 NE 30th AVE
CITY-ST-ZIP	MIAMI, FL 33160	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Myron H Budnick 4/29/03 305-889-6237

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

MYRON H. BUDNICK