

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90120 025 \*\*\*150.00

DOCUMENT # P98000009581  
1. Entity Name ABC, INC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
6151 MIRAMAR PKWY.  
Suite, Apt. #, etc. SUITE 202  
City & State MIRAMAR, FL  
Zip 33023 Country U.S.A.

3. Mailing Address  
P. O. BOX 245188  
Suite, Apt. #, etc.  
City & State PEMBROKE PINES, FL  
Zip 33024 Country U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0819995 Applied For  Not Applicable

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

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IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name MARCIA DEMIGUEL  
Street Address (P.O. Box Number is Not Acceptable) 6151 MIRAMAR PKWY - STE 202  
City MIRAMAR FL Zip Code 33023

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 MARCIA DEMIGUEL DATE 3-15-02  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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 <u>PD</u>	NAME <u>MARCIA DEMIGUEL</u>	TITLE	
STREET ADDRESS <u>125 NW 106 AVENUE</u>	CITY-ST-ZIP <u>PEMBROKE PINES, FL 33026</u>	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <u>BOARD MEMBER</u>	NAME <u>AMALIA NYE</u>	TITLE	
STREET ADDRESS <u>6737 SIMMS STREET</u>	CITY-ST-ZIP <u>HOLLYWOOD, FL 33024</u>	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <u>BOARD MEMBER</u>	NAME <u>SHARON L. CARR-SMITH</u>	TITLE	
STREET ADDRESS <u>401 BRINY AVENUE # 715</u>	CITY-ST-ZIP <u>POMPANO BEACH, FL 33062</u>	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <u>BOARD MEMBER</u>	NAME <u>PAUL BLAKE</u>	TITLE	
STREET ADDRESS <u>15006 NW 7 AVENUE</u>	CITY-ST-ZIP <u>MIAMI, FL 33168</u>	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <u>VIS</u>	NAME <u>TYRONE LIVINGSTON</u>	TITLE	
STREET ADDRESS <u>6151 MIRAMAR PKWY - STE 202</u>	CITY-ST-ZIP <u>MIRAMAR, FL 33023</u>	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	NAME	TITLE	
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: MARCIA DEMIGUEL DATE 3-15-02 DAYTIME PHONE # (954) 893-0103  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)