

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2001 8:00 am
Secretary of State

0502136

DOCUMENT # 310900

1. Entity Name

ABACO INC

04-28-2001 90029 036 ***150.00

Principal Place of Business

Mailing Address

~~3911 N W 26TH STREET
 MIAMI FLA 33142~~

**PO BOX 55-7603
 MIAMI FL 33255**

6 4 6 7 3 5

2. Principal Place of Business

3. Mailing Address

10801 NW 33 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FL

City & State

4. FEI Number

59-1160402

Applied For

Not Applicable

Zip

Country

33172 USA

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

~~LES, TIMOTHY L
 3911 NW 26TH ST
 MIAMI FL 33142~~

Name **LES, TIM**

Street Address (P.O. Box Number Is Not Acceptable)

10801 NW 33 ST

City **MIAMI**

FL

Zip Code **33172**

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

TIM LES P. 4/24/01

9. This corporation is eligible to satisfy its Intangible Tax filing requirements and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 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 Delete
 NAME **V**
 STREET ADDRESS **LES, DAVID**
 CITY-ST-ZIP **3911 NW 26TH ST
 MIAMI, FL 00000**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **P**
 STREET ADDRESS **LES, TIMOTHY**
 CITY-ST-ZIP **3911 NW 26TH ST
 MIAMI, FL 00000**

TITLE Change Addition
 NAME **LES, TIM**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE Delete
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 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 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 address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TIM LES

4/24/01

Date

3055928995

Daytime Phone #

CR2E034 (10/00)