

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 25, 2002 8:00 am**  
**Secretary of State**

02-25-2002 90099 031 \*\*\*150.00

**DOCUMENT # P01000103591**  
 1. Entity Name  
**CABI HOLDINGS, INC.**

Principal Place of Business      Mailing Address  
**1500 SAN REMO AVE., STE. 125**      **1500 SAN REMO AVE., STE. 125**  
**CORAL GABLES FL 33146**      **CORAL GABLES FL 33146**

2. Principal Place of Business      3. Mailing Address  
**20801 Biscayne Blvd.**      **20801 Biscayne Blvd.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**Suite 306**      **Suite 306**  
 City & State      City & State  
**Miami, FL**      **Miami, FL**  
 Zip      Country      Zip      Country  
**33180**      **USA**      **33180**      **USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number      Applied For  
**65-1155182**      Not Applicable

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

**ATRIUM REGISTERED AGENTS, INC.**  
**1500 SAN REMO AVE., STE. 125**  
**CORAL GABLES FL 33146**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>DANIEL ELIAS C</b> <b>1500 SAN REMO AVE., STE. 125</b> <b>CORAL GABLES FL 33146</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>Cababie, Elias</b> <b>20801 Biscayne Blvd., Suite 306</b> <b>Miami, FL 33180</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD</b> <b>DANIEL JACOBO C</b> <b>1500 SAN REMO AVE., STE. 125</b> <b>CORAL GABLES FL 33146</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD</b> <b>Cababie, Jacobo</b> <b>20801 Biscayne Blvd., Suite 306</b> <b>Miami, FL 33180</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DANIEL ABRAHAM C</b> <b>1500 SAN REMO AVE., STE. 125</b> <b>CORAL GABLES FL 33146</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Cababie, Abraham</b> <b>20801 Biscayne Blvd., Suite 306</b> <b>Miami, FL 33180</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: \_\_\_\_\_ DATE: **2/11/02** DAYTIME PHONE #: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)