

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90093 031 ***150.00

DOCUMENT # P96000092137

1. Entity Name
CABANAS & ASSOCIATES, P.A.

Principal Place of Business

Mailing Address

782 NW LEJUNE RD
 SUITE 637
 MIAMI FL 33126
 US

782 NW LEJUNE RD
 SUITE 637
 MIAMI FL 33126
 US

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10520 NW 26TH STREET

3. Mailing Address

10520 NW 26TH STREET

Suite, Apt. #, etc.

SUITE C-201

Suite, Apt. #, etc.

SUITE C-201

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number **65-0711358**

Applied For

Not Applicable

Zip

33172

Country

MIAMI-DADE

Zip

33172

Country

MIAMI-DADE

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

CABANAS, JOSEPH F
782 NW LEJEUNE ROAD SUITE 637
MIAMI FL 33126

Name **JOSEPH F. CABANAS**

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

10520 NW 26TH STREET

SUITE C-201

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

4/27/01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement 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 **PTD** ☐ Delete
 NAME **CABANAS, JOSEPH F**
 STREET ADDRESS **782 N.W. LEJEUNE ROAD, SUITE 637**
 CITY-ST-ZIP **MIAMI FL 33126**

TITLE **PRESIDENT** ☒ Change ☐ Addition
 NAME **CABANAS JOSEPH F**
 STREET ADDRESS **10520 NW 26TH STREET - SUITE C-201**
 CITY-ST-ZIP **MIAMI FL 33172**

TITLE **VSD** ☐ Delete
 NAME **CABANAS, JOSE E**
 STREET ADDRESS **782 N.W. LEJEUNE ROAD, SUSITE 637**
 CITY-ST-ZIP **MIAMI FL 33126**

TITLE **SECRETARY** ☒ Change ☐ Addition
 NAME **CABANAS JOSE E**
 STREET ADDRESS **10520 NW 26TH STREET - SUITE C-201**
 CITY-ST-ZIP **MIAMI FL 33172**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 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

4/27/01

Date

(305) 513-3639

Daytime Phone #

CR2E034 (10/00)