

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L01000012971

FILED
Feb 11, 2003
Secretary of State

Entity Name: CAABEL, LC

Current Principal Place of Business:

660 W 83RD ST
MIAMI, FL 33014 US

New Principal Place of Business:

Current Mailing Address:

660 W 83RD ST
MIAMI, FL 33014 US

New Mailing Address:

FEI Number: 65-1153951

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAYNE, TODD S
4000 HOLLYWOOD BLVD
#400-NORTH
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: P () Delete
Name: BEKERMAN, LEON
Address: 660 W 83RD ST
City-St-Zip: HIALEAH, FL 33014

Title: V () Delete
Name: CASTILLA, RAUL
Address: 660 W 83RD ST.
City-St-Zip: HIALEAH, FL 33014

Title: S () Delete
Name: BECKERMAN, FRENY
Address: 660 W 83RD ST.
City-St-Zip: HIALEAH, FL 33014

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BEKERMAN, LEON
Address: 660 W 83RD ST
City-St-Zip: HIALEAH, FL 33014

Title: MGRM (X) Change () Addition
Name: CASTILLA, RAUL
Address: 660 W 83RD ST.
City-St-Zip: HIALEAH, FL 33014

Title: MGRM (X) Change () Addition
Name: BECKERMAN, FRENY
Address: 660 W 83RD ST.
City-St-Zip: HIALEAH, FL 33014

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: LEON BEKERMAN

MGRM

02/11/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date