

**2020 FLORIDA PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P19000080301

**Entity Name:** CAB CARE MGT INC

**Current Principal Place of Business:**

17885 COLLINS AVE, APT 4301  
SUNNY ISLES BEACH, FL 33160

**Current Mailing Address:**

17885 COLLINS AVE, APT 4301  
SUNNY ISLES BEACH, FL 33160 US

**FEI Number: 84-3504374**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

GLEIZER, ELLA  
17885 COLLINS AVE, APT 4301  
SUNNY ISLES BEACH, FL 33160 US

*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:** ELLA GLEIZER

10/21/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name GLEIZER, ELLA  
Address 17885 COLLINS AVE, APT 4301  
City-State-Zip: SUNNY ISLES BEACH FL 33160

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ELLA GLEIZER

**OFFICER**

10/21/2020

Electronic Signature of Signing Officer/Director Detail

Date