

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State
 05-15-2002 90151 038 ***158.75

0503670 AT

DOCUMENT # F83388

1. Entity Name

CABER SYSTEMS, INC.

Principal Place of Business

**10 N AHWAHNEE RD
 LAKE FOREST IL 60045
 US**

Mailing Address

**10 N AHWAHNEE RD
 LAKE FOREST IL 60045
 US**

2. Principal Place of Business

19040 SKYLINE BLVD

Suite, Apt. #, etc.

3. Mailing Address

19040 SKYLINE BLVD

Suite, Apt. #, etc.

City & State

LOS GATOS, CA

Zip

95033

Country

USA

City & State

LOS GATOS, CA

Zip

95033

Country

USA

4. FEI Number

59-2057241

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**MORANTE, THOMAS
 777 BRICKELL AVE
 STE 500
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PST
 EVANS, RICHARD L
 10 N. AHWAHNEE ROAD
 LAKE FOREST IL 60045** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 EVANS, RICHARD L
 10 N. AHWAHNEE ROAD
 LAKE FOREST IL 60045** ☐ Delete

TITLE
 NAME
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 CITY-ST-ZIP
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 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PST
 EVANS, RICHARD L.
 19040 SKYLINE BLVD
 LOS GATOS, CA 95033** ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 EVANS, RICHARD L
 19040 SKYLINE BLVD
 LOS GATOS, CA 95033** ☒ Change ☐ Addition

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

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

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

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

RICHARD L. EVANS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/02

Date

408-395-0807

Daytime Phone #

CP2E034 (9/01)