

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000011622

1. Entity Name
CABI, L.L.C.

FILED

01 MAY 11 AM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
4122 LAUREL RIDGE
WESTON FL 33331

Mailing Address
4122 LAUREL RIDGE
WESTON FL 33331



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1112 Weston Rd.

3. Mailing Address
1112 Weston Rd.

Suite, Apt. #, etc.
330

Suite, Apt. #, etc.
330

City & State
Weston FL.

City & State
Weston FL.

4. FEI Number
65-1043666

Applied For
Not Applicable

Zip
33326

Country

Zip
33326

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DUARTE RODRIGUEZ, HERBERT M
4122 LAUREL RIDGE
WESTON FL 33331

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

700004383617--3
-06/08/01--01059--017
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGR
DUARTE RODRIGUEZ, HERBERT M
STREET ADDRESS 4122 LAUREL RIDGE
CITY-ST-ZIP WESTON FL 33331 ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME MGR Nelya Aleyda Romero Romero ☐ Change ☒ Addition
STREET ADDRESS 1112 Weston Rd # 330
CITY-ST-ZIP Weston FL 33326

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

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

11. 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 is true and accurate and that my 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: x

SIGNATURE

04.30.01

754-739-4810

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #