

FILED
Jun 18, 2002 8:00 am
Secretary of State

05-21-2002 91188 045 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000012971

1. Entity Name
CAABEL, LC

Principal Place of Business
5295 NW 161 STREET
MIAMI FL 33014
US

Mailing Address
5295 NW 161 STREET
MIAMI FL 33014
US

93403



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

660 W 83rd ST
Suite, Apt. #, etc.

3. Mailing Address

660 W 83rd ST
Suite, Apt. #, etc.

City & State
Hialeah FL

City & State
Hialeah FL

4. FEI Number
65-1153951

Applied For
Not Applicable

Zip Country
33014 US

Zip Country
33014 US

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002.

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	LEON BEKERMANN <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT LEON BEKERMANN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 660 W 83 rd ST Hialeah FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PAUL CASTILLO 660 W 83 rd ST Hialeah FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition FRYNY BEKERMANN 660 W 83 rd ST Hialeah FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CRE083 (9/01)

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: _____ SIGNATURE REQUIRED