

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90065 019 ****50.00

DOCUMENT # L01000018437

1. Entity Name

CABI AVENTURA OFFICES, LLC

Principal Place of Business

**1500 SAN REMO AVE., STE. 125
 MIAMI FL 33146**

Mailing Address

**1500 SAN REMO AVE., STE. 125
 MIAMI FL 33146**

2. Principal Place of Business

20801 Biscayne Blvd.

Suite, Apt. #, etc.
Suite 306

City & State
Miami, FL

Zip
33180

Country
USA

3. Mailing Address

20801 Biscayne Blvd.

Suite, Apt. #, etc.
Suite 306

City & State
Miami, FL

Zip
33180

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1155179

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**ATRIUM REGISTERED AGENTS, INC.
 1500 SAN REMO AVE., STE. 125
 MIAMI FL 33146**

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
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **Man** ☐ Delete
 NAME **Cababie, Elias**
 STREET ADDRESS **20801 Biscayne Blvd., Suite 306**
 CITY-ST-ZIP **Miami, FL 33180**

TITLE **Man** ☐ Delete
 NAME **Cababie, Abraham**
 STREET ADDRESS **20801 Biscayne Blvd., Suite 306**
 CITY-ST-ZIP **Miami, FL 33180**

TITLE **Man** ☐ Delete
 NAME **Cababie, Jacobo**
 STREET ADDRESS **20801 Biscayne Blvd., Suite 306**
 CITY-ST-ZIP **Miami, FL 33180**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

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

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

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

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

Date

Daytime Phone #

2/19/02

CR2E083 (9/01)