

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90116 031 \*\*\*150.00

DOCUMENT # M44340  
1. Entity Name KABINI INC. ✓

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
513 NW 103 AVE  
Suite, Apt. #, etc. \_\_\_\_\_

3. Mailing Address  
513 NW 103 AVE  
Suite, Apt. #, etc. \_\_\_\_\_

DO NOT WRITE IN THIS SPACE

City & State  
PLANTATION, FL.  
Zip 33324 Country U.S.A.

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PLANTATION, FL.  
Zip 33324 Country U.S.A.

4. FEI Number  
59-2757440

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name J. DAVID POPE JR.  
Street Address (P.O. Box Number is Not Acceptable)  
513 NW 103 AVE

City PLANTATION, FL **FL** Zip Code 33324

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)

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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 OWNER MANAGER  
NAME J. DAVID POPE JR.  
STREET ADDRESS 513 N.W. 103 AVE.  
CITY-ST-ZIP PLANTATION, FL 33324

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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: J. David Pope Jr.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/02 305-332-6293  
Date Daytime Phone #

CR2E034B (12/01)