

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000069742 ✓

1. Entity Name

CAB INTERNATIONAL CONSULTANTS,
CORP.

Principal Place of Business

8390 WEST FLAGLER ST.
SUITE 219
MIAMI, FL. 33144

Mailing Address

8390 W. FLAGLER ST.
SUITE 219
MIAMI, FL. 33144

2. Principal Place of Business

10 N.W. LE JEUNE RD.
SUITE, Apt. #, etc.
300

City & State

MIAMI, FL.

Zip
33126

Country
USA

3. Mailing Address

10 N.W. LE JEUNE RD.
SUITE, Apt. #, etc.
300

City & State

MIAMI

Zip
33126

Country
USA

4. FEI Number

65-1032344

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

00056055

6. Name and Address of Current Registered Agent

RUIZ, FELIPE R
8390 W. FLAGLER ST.
SUITE 219
MIAMI, FL. 33144

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, 2001 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 PDS
NAME BLANCO, CLAUDIO ANDRADE
STREET ADDRESS 8390 W. FLAGLER ST. SUITE 219
CITY-ST-ZIP MIAMI, FL. 33144 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PDS ☒ Change ☐ Addition
NAME ANDRADE, CLAUDIO
STREET ADDRESS 10 N.W. LE JEUNE RD. SUITE 300
CITY-ST-ZIP MIAMI, FL. 33126

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 1st, 2001

Date

786-5470778

Daytime Phone #

CR2E034 (11/00)