

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90992 018 ***150.00

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DOCUMENT # P00000103121

1. Entity Name
FLORCAB CORPORATION



Principal Place of Business
**18181 NE 31 CT. STE 202
AVENTURA FL 33160**

Mailing Address
**18181 NE 31 CT. STE 202
AVENTURA FL 33160**



2. Principal Place of Business

18181 NE CT-Ste 2703

3. Mailing Address

18181 NE Count

Suite, Apt. #, etc.

2703

Suite, Apt. #, etc.

2703

City & State

Aventura FL

City & State

Aventura FL

Zip

33160

Country

Miami-Dade

Zip

33160

Country

Miami-Dade

4. FEI Number

65-1100729

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ROA BODIN, GLORIA
2655 LEJAUNE RD, STE 1001
CORAL GABLES FL 33134**

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPS
OSCAR BELENISKI, MARIO
18181 NE 31 CT, STE 202 2703
AVENTURA FL 33160** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
BELENISKI, BEATRIZ
18181 NE 31 CT, STE 202 2703
AVENTURA FL 33160** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
BELENISKI, CAROLINA
18181 NE 31 CT, STE 202 2703
AVENTURA FL 33160** ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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CITY-ST-ZIP
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☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**President
Oscar Beleniski**

4/15/03

(305) 682-8084

Date

Daytime Phone #

CR2E034 (10/02)