## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P01000059323

Entity Name: CUBED, INC.

FILED Mar 28, 2003 Secretary of State

Current Principal Place of Business:		New Principal Plac	New Principal Place of Business:	
3991 ADRA AVE. MIAMI, FL 33178		1390 SOUTH DIXIE 2114	1390 SOUTH DIXIE HIGHWAY 2114	
		CORAL GABLES, F	CORAL GABLES, FL 33146	
<b>Current Mailing Addr</b>	ess:	New Mailing Addre	New Mailing Address:	
3991 ADRA AVE. MIAMI, FL 33178		2114	1390 SOUTH DIXIE HIGHWAY 2114 CORAL GABELS, FL 33146	
FEI Number: 65-1135644	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:		Name and Address	Name and Address of New Registered Agent:	
AHRENDT, BRUCE J 3991 ADRA AVE. MIAMI, FL 33178		EBNER, URS 444 PERUGIA AVE CORAL GABLES, F	L 33146	
The above named entit in the State of Florida.	y submits this statement for the	purpose of changing its registe	red office or registered agent, or both,	
SIGNATURE: URS EBNER			03/28/2003	
Electr	onic Signature of Registered Ag	ent	Date	
Election Campaign Financ	ing Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:		ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: D	( ) Delete	Title:	( ) Change ( ) Addition	

( ) Delete AHRENDT, BRUCE J Name: 3991 ADRA AVE. Address: City-St-Zip: MIAMI, FL 33178

Name: Address: City-St-Zip:

Title: (X) Change ( ) Addition

Title: () Delete EBNER, URS Name:

Name: EBNER, URS Address: 444 PERUGIA AVE

Address: 444 PERGUGIA

CORAL GABLES, FL 33146 City-St-Zip:

CORAL GABLES, FL 33146 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: URS EBNER D 03/28/2003