

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2002 8:00 am**  
**Secretary of State**

02-24-2002 90019 013 \*\*\*150.00

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**DOCUMENT # P01000064406**

1. Entity Name  
**CAB COMPANY**

Principal Place of Business  
**6201 SWUANS TERRACE**  
**COCONUT CREEK FL 33073**

Mailing Address  
**6201 SWUANS TERRACE**  
**COCONUT CREEK FL 33073**



2. Principal Place of Business **MIAMI** 3. Mailing Address **6201 SWANS TERRACE**  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **FLORIDA** City & State **COCONUT CREEK, FL**  
 Zip **33073** Country **USA** Zip **33073** Country **USA**

4. FEI Number **65-1116448** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RIVERA, ALFONSO C**  
**6201 SWUANS TERRACE**  
**COCONUT CREEK FL 33073**

Name **ALFONSO CORONADO**  
 Street Address (P.O. Box Number is Not Acceptable)  
**6201 SWANS TERRACE**  
 City **COCONUT CREEK** FL Zip Code **33073**

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 \_\_\_\_\_ (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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete  
 NAME **RIVERA, ALFONSO C**  
 STREET ADDRESS **6201 SWUANS TERRACE**  
 CITY-ST-ZIP **COCONUT CREEK FL 33073**

TITLE **PRESIDENT** ☒ Change ☐ Addition  
 NAME **ALFONSO CORONADO**  
 STREET ADDRESS **6201 SWANS TERRACE**  
 CITY-ST-ZIP **COCONUT CREEK, FL 33073**

TITLE ☐ Delete  
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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

**2/06/02 (954)725-8062**

Date Daytime Phone #

CR2E034 (9/01)