

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

FILED

03 OCT 15 PM 12:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PD1000066517

1. Entity Name

KABIE CORP.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

711 SW 111 WAY

3. Mailing Address

Suite, Apt. #, etc.
205

Suite, Apt. #, etc.

City & State

DEARBORNE PINES FL

City & State

Zip
33025

Country
U.S.A.

Zip

Country

4. FEI Number

65-1120367

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name WILLIAM LATTUF

Street Address (P.O. Box Number is Not Acceptable)

711 SW 111 WAY # 205

City DEARBORNE PINES

FL

Zip Code
33025

**DO NOT WRITE
IN THIS SPACE**

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 name of registered agent and fee if applicable.

(NOTE: Registered agent signature required when reinstating)

10/08/03

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
LATTUF WILLIAM
711 SW 111 WAY # 205
DEARBORNE PINES, FL 33025

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SASIBIT ARENAS
1500X SW 139TH PL
MIAMI, FL 33186

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/08/03

DATE

786-596-3482

DAYTIME PHONE #

CR2E034B (12/02)

22 10/10

October 8, 2003

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL. 32302

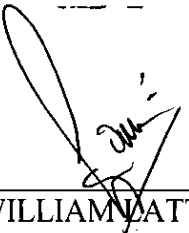
Re: Uniform Business Report
KABLE CORP.
P01000066517

Dear Sirs:

Attached please find Business Report for above mention Corp. and the check in the amount of \$ 300.00.

We did not receive the 2002 and 2003 Business report in time to file, please accept the attached check in the amount of \$ 300.00 Fee, for 2002 and 2003 Uniform Business Report.

In further information is needed please contact me.



WILLIAM LATTUF

711 SW 111 way # 205
Pembroke Pines, FL 33025