

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90037 035 ***150.00

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DOCUMENT # P01000086415

1. Entity Name

CABBA, INC.



Principal Place of Business

12421 NW 15TH ST., #304
SUNRISE FL 33323

Mailing Address

12421 NW 15TH ST., #304
SUNRISE FL 33323

2. Principal Place of Business

1937 E ATLANTIC BLVD

3. Mailing Address

12421 NW 15TH ST.

Suite, Apt. #, etc.

SUITE # 12

Suite, Apt. #, etc.

APT # 304

City & State

POMPA NO BEACH FL

City & State

SUNRISE FL

Zip

33060

Country

Zip

33323

Country

4. FEI Number

65-1134822

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

ARNETTE CREELY SUNCANSON & SHEINFELD LLP
1948 HARRISON STREET
HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent

Name
ARNETTE CREELY SUNCANSON & SHEINFELD, LLP
Street Address (P.O. Box Number is Not Acceptable)
1948 HARRISON STREET
City HOLLYWOOD FL Zip Code 33020

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME ABADI, JUDITH
STREET ADDRESS 12421 NW 15TH ST., #304
CITY-ST-ZIP SUNRISE FL 33323

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P
NAME ABADI, CHAIM
STREET ADDRESS 12421 NW 15TH ST., #304
CITY-ST-ZIP SUNRISE FL 33323

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPS
NAME BEESON, JAMES M JR
STREET ADDRESS 12421 NW 15TH ST., #304
CITY-ST-ZIP SUNRISE FL 33323

TITLE
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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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)