

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90099 031 ***150.00

DOCUMENT # P01000103591

1. Entity Name
CABI HOLDINGS, INC.

Principal Place of Business
1500 SAN REMO AVE., STE. 125
CORAL GABLES FL 33146

Mailing Address
1500 SAN REMO AVE., STE. 125
CORAL GABLES FL 33146

2. Principal Place of Business
20801 Biscayne Blvd.
 Suite, Apt. #, etc.
Suite 306

City & State
Miami, FL

Zip
33180

Country
USA

3. Mailing Address
20801 Biscayne Blvd.
 Suite, Apt. #, etc.
Suite 306

City & State
Miami, FL

Zip
33180

Country
USA

4. FEI Number
65-1155182

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

ATRIUM REGISTERED AGENTS, INC.
1500 SAN REMO AVE., STE. 125
CORAL GABLES FL 33146

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(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

TITLE
PD
 NAME
DANIEL, ELIAS C
 STREET ADDRESS
1500 SAN REMO AVE., STE. 125
 CITY-ST-ZIP
CORAL GABLES FL 33146

☐ Delete

TITLE
VSD
 NAME
DANIEL, JACOBO C
 STREET ADDRESS
1500 SAN REMO AVE., STE. 125
 CITY-ST-ZIP
CORAL GABLES FL 33146

☐ Delete

TITLE
D
 NAME
DANIEL, ABRAHAM C
 STREET ADDRESS
1500 SAN REMO AVE., STE. 125
 CITY-ST-ZIP
CORAL GABLES FL 33146

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
PD
 NAME
Cababie, Elias
 STREET ADDRESS
20801 Biscayne Blvd., Suite 306
 CITY-ST-ZIP
Miami, FL 33180

☒ Change ☐ Addition

TITLE
VSD
 NAME
Cababie, Jacobo
 STREET ADDRESS
20801 Biscayne Blvd., Suite 306
 CITY-ST-ZIP
Miami, FL 33180

☒ Change ☐ Addition

TITLE
D
 NAME
Cababie, Abraham
 STREET ADDRESS
20801 Biscayne Blvd., Suite 306
 CITY-ST-ZIP
Miami, FL 33180

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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

Date

Daytime Phone #

CR2E034 (9/01)