

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

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

03-25-2002 90038 005 ***150.00

DOCUMENT # P93000085405

1. Entity Name

NRV/CAB MANAGEMENT, INC.

DO NOT WRITE IN THIS SPACE

427446

2. Principal Place of Business
21 Almeria Avenue

3. Mailing Address
21 Almeria Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Coral Gables, FL

City & State

Coral Gables, FL

Zip

33134

Country

USA

Zip

33134

Country

USA

4. FEI Number

65-0491441

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Stearns Weaver Miller Weissler, et al

Street Address (P.O. Box Number is Not Acceptable)
c/o Richard E. Schatz

150 West Flagler Street, Suite 2200

City
Miami

FL

Zip Code
33130

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
DC
NAME
Van Aken, Norman R.
STREET ADDRESS
21 Almeria Avenue
CITY-ST-ZIP
Coral Gables, FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
DPTS
NAME
Bruggemeier, Carl A.
STREET ADDRESS
21 Almeria Avenue
CITY-ST-ZIP
Coral Gables, FL 33134

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 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 #

CR2E034B (12/01)