

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000010398**

1. Entity Name

**CABCO ENTERPRISES, INC.**

Principal Place of Business

7900 NW 103RD ST  
HIALEAH GARDENS FL 33018  
US

Mailing Address

2020 WEST 64TH ST  
HIALEAH FL 33016  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number

**65-0665331**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

**KNIPS, JAMES J.  
2020 WEST 64TH ST  
HIALEAH FL 33016**

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**  Delete  
NAME **KNIPS, JAMES**  
STREET ADDRESS **2020 WEST 64TH ST**  
CITY-ST-ZIP **HIALEAH FL 33016**

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

*James J. Knips* 4/1/02

**3055585352**

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR20034 (9/01)