

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2001 8:00 am**  
**Secretary of State**

05-19-2001 90277 036 \*\*\*150.00

768415

DO NOT WRITE IN THIS SPACE

**DOCUMENT #** P 96 000 101458  
**1. Entity Name**  
 Phil Cabase, Inc.

**Principal Place of Business** 10720 SW 146 Ave  
 MIA, FL 33186  
**Mailing Address** 10720 SW 146 Ave  
 MIA, FL 33186

**2. Principal Place of Business** 8441 SW 158 Ave  
 Suite, Apt. #, etc.  
**3. Mailing Address** 8441 SW 158 Ave  
 Suite, Apt. #, etc.

**City & State** Miami, FL  
**Country** USA  
**Zip** 33193  
**City & State** Miami, FL  
**Country** USA  
**Zip** 33193

**4. FEI Number** 65-0713581  
**Applied For** ☐ Not Applicable  
**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
 Cabase, Felipe I.  
 10720 SW 146 Ave  
 Miami, FL 33186

**7. Name and Address of New Registered Agent**  
**Name** Cabase, Felipe I.  
**Street Address (P.O. Box Number is Not Acceptable)** 8441 SW 158 Ave  
**City** Miami **FL** **Zip Code** 33193

**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]* **Felipe I. Cabase, Director** **DATE** 4/30/01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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, 2001 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**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>DELETE</b> <input type="checkbox"/>
D Cabase, Felipe I. 10720 SW 146 Ave Miami, FL 33186	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>DELETE</b> <input type="checkbox"/>
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>DELETE</b> <input type="checkbox"/>
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>DELETE</b> <input type="checkbox"/>
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>DELETE</b> <input type="checkbox"/>

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

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>CHANGE</b> <input type="checkbox"/> <b>ADDITION</b> <input type="checkbox"/>
D Cabase, Felipe I. 8441 SW 158 Ave Miami, FL 33193	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>CHANGE</b> <input type="checkbox"/> <b>ADDITION</b> <input type="checkbox"/>
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>CHANGE</b> <input type="checkbox"/> <b>ADDITION</b> <input type="checkbox"/>
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>CHANGE</b> <input type="checkbox"/> <b>ADDITION</b> <input type="checkbox"/>
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>CHANGE</b> <input type="checkbox"/> <b>ADDITION</b> <input type="checkbox"/>

**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]* **Felipe I. Cabase** **DATE** 4/30/01 **Daytime Phone #** 382-6195  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)