

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

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90481 023 ***150.00

DOCUMENT # **P97000043299**
1. Entity Name
Law Offices of Moises KABA III, PA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2460 S.W. 137 Ave		3. Mailing Address 2460 S.W. 137 Ave	
Suite, Apt. #, etc. Ste 251		Suite, Apt. #, etc. Ste 251	
City & State Miami FL		City & State Miami FL	
Zip 33175	Country USA	Zip 33175	Country USA

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

4. FEI Number
05-0782292

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

7. Name and Address of Current Registered Agent

Name **Kaba, Moises III**

Street Address (P.O. Box Number is Not Acceptable)
2460 S.W. 137 Avenue

Ste 251

City **Miami** FL Zip Code **33175**

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 **Moises Kaba** DATE **4/29/04**

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. ☐ **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 NAME STREET ADDRESS CITY - ST - ZIP	KABA, MOISES III 2460 S.W. 137 Ave Ste 251 Miami FL 33175	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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: **Moises Kaba** DATE **4/29/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)