

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90035 045 ***158.75

DOCUMENT # P98000015460

1. Entity Name
CABELLO DRIVING SCHOOL, CORP.

Principal Place of Business
 19788 SW 177TH AVE
 MIAMI FL 33187

Mailing Address
 19788 SW 177TH AVE
 MIAMI FL 33187

CU044656



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
12942 SW 133rd Ct
 Suite, Apt. #, etc.

3. Mailing Address
12942 SW 133rd Court
 Suite, Apt. #, etc.

A
 City & State
MIAMI FL

A
 City & State
MIAMI FL

4. FEI Number **65-0813768**
 Applied For
 Not Applicable

Zip Country
33186 DADE **33186 DADE**

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

6. Name and Address of Current Registered Agent
CABELLO, ARIAGNA
10360 SW 16 STREET
MIAMI FL 33174

7. Name and Address of New Registered Agent
 Name
ARIAGNA CABELLO
 Street Address (P.O. Box Number is Not Acceptable)
11098 SW 142 PLACE
 City **MIAMI FL** Zip Code **33186**

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 *Ariagna Cabello, Ariagna Cabello* DATE 1-23-2001
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDD CABELLO, JOSE R 10360 SW 16 STREET MIAMI FL 33174	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CABELLO, ARIAGNA 10360 SW 16 STREET MIAMI FL 33174	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDD CABELLO, JOSE R. 11098 SW 142 PL MIAMI FL 33186	<input type="checkbox"/> Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CABELLO, ARIAGNA 11098 SW 142 PL MIAMI FL 33186	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Ariagna Cabello, Ariagna Cabello* DATE 1-23-2001 (305) 234-5066
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)