

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000049822

1. Entity Name

CABRA CORPORATION

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90324 040 ***150.00

00021859



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2875 NE 191 ST PH3A AVENTURA FL 33180	Mailing Address 2875 NE 191 ST PH3A AVENTURA FL 33180
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2. Principal Place of Business 3440 HOLLYWOOD BLVD Suite, Apt. #, etc. SUITE 360 City & State HOLLYWOOD, FL Zip 33021	3. Mailing Address 3440 HOLLYWOOD BLVD Suite, Apt. #, etc. SUITE 360 City & State HOLLYWOOD, FL Zip 33021	Country USA
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4. FEI Number 65-0858384	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

ROUSSO, MARK E
2875 NE 191 ST PH3A
AVENTURA FL 33180

7. Name and Address of New Registered Agent

Name
MARK E. ROUSSO, ESQ.
Street Address (P.O. Box Number is Not Acceptable)
3440 HOLLYWOOD BLVD, STE 360
City
HOLLYWOOD FL Zip Code
33021

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  3/1/01
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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD BRAGA, FEDERICO 2875 NE 191 ST PH3A AVENTURA FL 33180 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD BRAGA, CARLOS A 2875 NE 191 ST PH3A AVENTURA FL 33180 <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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3440 HOLLYWOOD BLVD, STE 360 HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3440 HOLLYWOOD BLVD, STE 360 HOLLYWOOD, FL 33021
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/01

Date

(305) 466-0022

Daytime Phone #

CR2E034 (10/00)