FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State
05-02-2002 90157 017 ***150.00

DOCUMENT # P98000103888

1. Entity Name
Cab Plus, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1716 W Lemon St Tampa	P.O. Box 1589
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa, Fl	City & State: Lutz, Fl
Zip: 33606 Country: Hillsborough	Zip: 33548 Country: Hillsborough

DO NOT WRITE IN THIS SPACE

4. FEI Number 593548738 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Brook Negusei

Street Address (P.O. Box Number is Not Acceptable): 18412 Turning Point Dr

City: Lutz FL Zip Code: 33548

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) ☐

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	PTS
NAME	Brook Negusei
STREET ADDRESS	18412 Turning Point Dr
CITY-ST-ZIP	Lutz Fl 33549
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	V
NAME	Fassil Gabremariam
STREET ADDRESS	4209 W. Platt St
CITY-ST-ZIP	Tampa Fl 33609
TITLE	V
NAME	Frank Dunn
STREET ADDRESS	4601 W Kennedy Blvd #200
CITY-ST-ZIP	Tampa Fl 33609
TITLE	
NAME	
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CITY-ST-ZIP	

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CR2E034B (12/01)

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: _____ 4-22-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #