

2000. UNIFORM BUSINESS REPORT (UBR)

6/1

FILED
Jul 06, 2000 8:00 am
Secretary of State

06-09-2000 90040 039 ***150.00

DOCUMENT # **P 9000087519**

1. Entity Name

CABIMAX, INC.

Principal Place of Business

Mailing Address

**7500 NW 25 St
 Building A, Unit 4
 MIAMI, FL 33122**

SAME

2. Principal Place of Business

3. Mailing Address

8986 NW 105 Way

8986 NW 105 Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI, FL

MIAMI, FL

Zip

Country

Zip

Country

33178

33178

4. FEI Number

65-0951975

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATE CREATIONS
 4521 PGA BLVD. #211
 PALM BEACH GARDENS, FL 33418**

Name

ARCAACCOUNTING, INC.

Street Address (P.O. Box Number is Not Acceptable)

3785 NW 82nd Ave, Suite 108

City

MIAMI

FL

Zip Code

33166

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]

6/27/00

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, 2000 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	PRESIDENT	<input type="checkbox"/> Delete
NAME	FRANCISCO IRACE	
STREET ADDRESS	8986 NW 105 way	
CITY-STATE-ZIP	MIAMI, FL 33178	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	HIGUEL SADOVNIC	
STREET ADDRESS	8986 NW 105 way	
CITY-STATE-ZIP	MIAMI, FL 33178	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

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

05-24-00 (305) 8638600

Date

Daytime Phone #

CR2E034 (9/99)