

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P19000081288

Entity Name: CARIBE RESTAURANT OF MIAMI GARDENS INC.**Current Principal Place of Business:**18505 NW 75TH PLACE
HIALEAH, FL 33015**Current Mailing Address:**3953 NW 7TH STREET
MIAMI, FL 33126**FEI Number:** 84-3566486**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ALVARADO, JUAN J
3953 NW 7TH STREET
MIAMI, FL 33126 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PD
Name	ALVARADO, JUAN J
Address	3953 NW 7TH STREET
City-State-Zip:	MIAMI FL 33126

Title	TD
Name	AMAYA, MAURICIO W
Address	3953 NW 7TH STREET
City-State-Zip:	MIAMI FL 33126

Title	VD
Name	AMAYA, HERMAN
Address	3953 NW 7TH STREET
City-State-Zip:	MIAMI FL 33126

Title	D
Name	ALVARADO, ANA M
Address	3953 NW 7TH STREET
City-State-Zip:	MIAMI FL 33126

Title	SD
Name	DE JESUS ALVARADO, OVIDIO
Address	3953 NW 7TH STREET
City-State-Zip:	MIAMI FL 33126

Title	D
Name	ALVARADO, REINA E
Address	3953 NW 7TH STREET
City-State-Zip:	MIAMI FL 33126

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JUAN J ALVARADO

PD

06/11/2020

Electronic Signature of Signing Officer/Director Detail_____
Date