

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90079 047 ***150.00

DOCUMENT # 653046

1. Entity Name
CARIBE INVESTMENTS OF NAPLES, INC.

Principal Place of Business 1833 COUNTY ROAD 951 NAPLES FL 34116 US	Mailing Address 1833 COUNTY ROAD 951 NAPLES FL 34116-6042 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1995918	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent
**EFFRAIN, ARCE
 3621 13TH AVE S.W.
 NAPLES FL 34117**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	STD CROWSON, JAMES H 4507 25TH COURT SW NAPLES, FL 00000	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR FRANK J. MAGGIO 250 2ND ST. BONITA SPRINGS, FL 33923
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARCE, ISAIAH 3338 POINCIANA ST NAPLES, FL 00000	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FIGUEROA, GUILVERMO 201 MERMAID BIGHT NAPLES, FL 00000	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARCE, EFFRAIN 3621 13TH AVE S W NAPLES, FL 00000	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

3. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: **EFFRAIN ARCE** **3/17/00** **941-455-1448**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)