

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

0618915 AT

DOCUMENT # F95000002994

1. Entity Name

CARIBBEAN FOOD DELIGHTS, INC.

04-10-2002 90453 012 ***150.00

Principal Place of Business

**620 S. FULTON AVE.
MT VERNON NY 10550**

Mailing Address

**117 ROUTE 303
STE. B
TAPPAN NY 10983**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

117 Route 303

Suite, Apt. #, etc.

Suite B

City & State

TAPPAN NY

Zip

10983

Country

USA

3. Mailing Address

117 Route 303

Suite, Apt. #, etc.

Suite B

City & State

TAPPAN NY

Zip

10983

Country

USA

4. FEI Number

13-3222970

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SMITH, EVERETT A
4801 S. UNIVERSITY DR.
STE. 102
DAVIE FL 33328**

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

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, 2002 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

TITLE ☐ Delete
NAME **PTDC**
STREET ADDRESS **HOSANG, VICENT**
CITY-ST-ZIP **2 FARHILL LANE
PLEASANT VILLE NY 10570**

TITLE ☐ Delete
NAME **VSDC**
STREET ADDRESS **HOSANG, JEANETTE**
CITY-ST-ZIP **2 FARHILL LANE
PLEASANT VILLE NY 10570**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/02
Date

845-358-3000
Daytime Phone #

CR2E034 (9/01)