

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90018 001 ***150.00

768750

DO NOT WRITE IN THIS SPACE

DOCUMENT # F95112			
1. Entity Name CARIBE CAETERIA, INC.			
Principal Place of Business 3953 N.W. 7th Street Miami, Florida 33126		Mailing Address 3953 N.W. 7th Street Miami, Florida 33126	
2. Principal Place of Business 4011 N.W. 5th Street		3. Mailing Address c/o Yolanda Veliz One S.W. 3rd Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 27th Floor	
City & State Miami, Florida		City & State Miami, Florida	
Zip 33126	Country U.S.A.	Zip 33131	Country U.S.A.
4. FEI Number 592214323		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent Abundio Febles 3953 N.W. 7th Street Miami, Florida 33126		7. Name and Address of New Registered Agent Name Abundio Febles Street Address (P.O. Box Number is Not Acceptable) 4011 N.W. 5th Street City Miami FL Zip Code 33126	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)		<div style="border: 1px solid black; padding: 5px; text-align: center;"> FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State </div>	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD FEBLES, ABUNDIO 4011 N.W. 5th STREET MIAMI, FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FEBLES, YOLANDA 4011 N. W. 5th STREET MIAMI, FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Yolanda Febles Yolanda Febles 4/30/01 (30) 541-3234
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)