

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91191 022 ***150.00

DOCUMENT # F95112

1. Entity Name

CARIBE CAFETERIA, INC.

DO NOT WRITE IN THIS SPACE

663529

2. Principal Place of Business

4011 NW 5TH STREET

Suite, Apt. #, etc.

3. Mailing Address

C/O YOLANDA VELTZ
ONE S.E. 3RD AVENUE

Suite, Apt. #, etc.
28TH FLOOR

DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

4. FEI Number

59-2214323

Applied For

Not Applicable

Zip

33126

Country

U.S.A.

Zip

33131

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
FEBLES, ABUNDIO

Street Address (P.O. Box Number is Not Acceptable)
4011 NW 5TH STREET

City MIAMI

FL

Zip Code
33126

**DO NOT WRITE
IN THIS SPACE**

8. The above named entry 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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	DP FEBLES, ABUNDIO 4011 NW 5TH STREET MIAMI, FLORIDA 33126	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ABUNDIO FLEBES

4/29/2002

Date

Daytime Phone #

CR2E034B (12/01)