

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F98000003357**

1. Entity Name

CARIB SERVICES INTERNATIONAL LTD., INC.**FILED**
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90038 023 ***150.00

0518972

Principal Place of Business

**2377 GUY N. VERGER BLVD.
TAMPA FL 33605**

Mailing Address

**2377 GUY N. VERGER BLVD.
TAMPA FL 33605**

2. Principal Place of Business

905 SOUTH 22ND. STREET

3. Mailing Address

905 SOUTH 22ND. STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA, FLORIDA

City & State

TAMPA, FLORIDA

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

33605

Country

USA

Zip

33605

Country

USA5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MEKDECI, PATRICK
9116 LAZY LANE
TAMPA FL 33614**

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, 2001 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 **P** ☐ Delete
NAME **VIEIRA, EDMUND C**
STREET ADDRESS **HOUSTON ESTATE**
CITY-ST-ZIP **GEORGETOWN, GUYANA**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **ST** ☐ Delete
NAME **MEKDECI, PATRICK**
STREET ADDRESS **18989 CROOKED LANE**
CITY-ST-ZIP **TAMPA FL 33549**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **KEANE, FIONA**
STREET ADDRESS **CAYMAN NATL BLDG 4TH FLR/ELGIN AVE**
CITY-ST-ZIP **GEORGETOWN GRAND CAYMAN**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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: *Patrick Mekdeci*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATRICK MEKDECI**SECRETARY / TREASURER**

Date

Daytime Phone #

CR2E034 (10/00)