

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G29584**

1. Entity Name

CARIBBEAN SALES, INC.

Principal Place of Business

**3584 NW 52ST
MIAMI FL 33142
US**

Mailing Address

**3584 NW 52ND ST
MIAMI FL 33166
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**HERNANDEZ, JESUS
3584 N.W. 52 STREET
MIAMI FL 33142**

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, 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P	HERNANDEZ, JESUS	635 SE 5TH PL	HIALEAH FL				
VP	HERNANDEZ, JEFFERY J	19429 NW 14TH ST	PEMBROKE PINES FL				
S	HERNANDEZ, OLGA	635 SE 5TH PL	HIALEAH FL				
T	HERNADEZ, MARIA	635 SE 5TH PL	HIALEAH FL				

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 on Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jesús Hernández
PRESIDENT 02-26-2001

Date

Daytime Phone #

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90345 010 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)