

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G31184**

1. Entity Name

**CARIBBEAN TRAVEL ENTERPRISES, INC.** ✓

**FILED**  
**Jul 17, 2000 8:00 am**  
**Secretary of State**

07-17-2000 90078 036 \*\*\*550.00

Principal Place of Business

2780 SW 37TH AVE #205  
MIAMI FL 33133

Mailing Address

2780 SW 37TH AVE #205  
MIAMI FL 33133

2. Principal Place of Business

**4500 BISCAYNE BLVD**

3. Mailing Address

**4500 BISCAYNE BLVD**

Suite, Apt. #, etc.

**# 325**

Suite, Apt. #, etc.

**# 325**

City & State

**MIAMI FL**

City & State

**MIAMI FL**

Zip

**33137**

Country

**USA**

Zip

**33137**

Country

**USA**

4. FEI Number

**59-2287656**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ANDERSON, CARA**  
**3400 PAN AMERICAN DRIVE #7-21**  
**MIAMI FL 33133**

7. Name and Address of New Registered Agent

Name **CARA ANDERSON**

Street Address (P.O. Box Number is Not Acceptable)

**1638 S. BAYSHORE CRT #101**

City **MIAMI**

**FL**

Zip Code **33133**

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]* ✓

**CARA ANDERSON**

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 **DP** ☐ Delete  
NAME **ROSE, BRIAN**  
STREET ADDRESS **35 SIR WILLIAMS LN**  
CITY-ST-ZIP **TORONTO, ONT.**

TITLE **VP** ☐ Delete  
NAME **ANDERSON CARA,**  
STREET ADDRESS **4500 BISCAYNE BLVD STE 325**  
CITY-ST-ZIP **MIAMI FL 33137**

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

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

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

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)(f), 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]* **REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**7/10/00 305 444 7999**