

631184

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

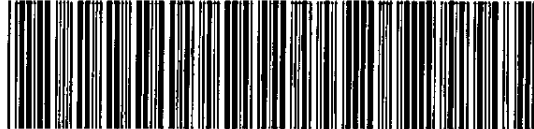
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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2410

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CARIBBEAN TRAVEL ENTERPRISES, INC.
(Name of Corporation)

DOCUMENT NUMBER: G31184

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALEXANDER CAPUCCI
(Name of Contact Person)

CARIBBEAN TRAVEL ENTERPRISES, INC.
(Firm/Company)

2145 DAVIE BOULEVARD, SUITE 101
(Address)

FT. LAUDERDALE, FLORIDA 33312
(City/State and Zip Code)

For further information concerning this matter, please call:

ALEXANDER CAPUCCI at (305) 444-7999
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: CARIBBEAN TRAVEL ENTERPRISES, INC.
2. The principal office address: 2145 DAVIE BOULEVARD, SUITE 101, FT. LAUDERDALE, FLORIDA 33312
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: MARCH 30, 1983 Document number: G31184
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

CARA ANDERSON

2666 TIGERTAIL AVENUE, APT. 110

MIAMI, FL 33133

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

ALEXANDER CAPUCCI

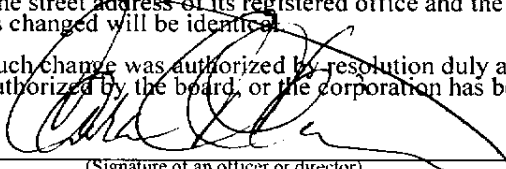
2145 DAVIE BOULEVARD, SUITE 101

(P.O. Box NOT acceptable)

FT. LAUDERDALE, FLORIDA 33312

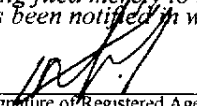
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


(Signature of an officer or director)

CARA ANDERSON, VICE PRES.
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


(Signature of Registered Agent)

OCTOBER 26, 2005

(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

***** FILING FEE: \$35.00 *****

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

FILED
05 NOV 14 PM 10:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA