## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 24, 2002 8:00 am Secretary of State L09804 DOCUMENT # 1. Entity Name CARIBBEAN MARKETING & SERVICES, INC. 04-24-2002 90274 006 \*\*\*158.75 Principal Place of Business Mailing Address 12908 S.W. 133 COURT 12908 S.W. 133 COURT MIAMI FL 33186 MIAMI FL 33186 ШS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0163349 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TOMLINSON, ERIC J. Street Address (P.O. Box Number is Not Acceptable) 12908 S.W. 133 COURT **MIAMI FL 33186** City Zip Code FI 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete ☐ Addition TOMLINSON, ERIC J. NAME NAME 13423 SW 144 TER 12908 S.W. 133 Ct STREET ADDRESS STREET ADDRESS MIAMI FL 33186 CITY-ST-7IP CITY-ST-ZIP FL. 33186 TITLE ☐ Delete Addition TOMLINSON, MARGUERITE P. NAME NAME 12908 S.W. 133 Ct 13423 SW 144 TER STREET ADDRESS STREET ADDRESS MIAMI FL. 33186 MIAMI FL 33186 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition

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 appears, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

TURE AND PYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PHILINSTN

**FILED** 

(9/01)CR2E034