

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 91290 047 \*\*\*150.00

**2001 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** L16410  
 1. Entity Name  
 Caribe Inflatables, U.S.A., Inc.

Principal Place of Business  
 14372 SW 139th Ct #7  
 Miami, FL 33186  
 Mailing Address  
 14372 SW 139 CT #7  
 MIAMI, FL 33186

2. Principal Place of Business  
 14327 SW 139th CT  
 Suite, Apt. #, etc.  
 #7  
 City & State  
 Miami, FL 33186  
 3. Mailing Address  
 14372 SW 139th CT  
 Suite, Apt. #, etc.  
 #7  
 City & State  
 Miami, FL 33186

4. FEI Number  
 Applied For  
 Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required  
 6. Name and Address of Current Registered Agent  
 Ira B. Price  
 9100 S Dadeland Blvd.  
 Suite 1701  
 Miami, FL 33156  
 7. Name and Address of New Registered Agent

**A0067854**

DO NOT WRITE IN THIS SPACE

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when re-registering)

TITLE

8. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.  
 (See article on back)

10. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

**11. OFFICERS AND DIRECTORS**

TITLE	PD.	<input type="checkbox"/> Delete
NAME	Domenico Fossati	
STREET ADDRESS	14372 SW 139 Ct #7	
CITY-ST-ZIP	Miami, FL 33186	
TITLE	DS	<input type="checkbox"/> Delete
NAME	PAULETTE FOSSATI	
STREET ADDRESS	14372 SW 139 CT #7	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 807, 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:**  Domenico Fossati, PD. 4/27/01 (305)253-4822  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CPZ034 (11/00)