

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State
 04-29-2002 90006 050 ***150.00

DOCUMENT # M27053

1. Entity Name
TREASURES OF THE CARIBBEAN, INC.

Principal Place of Business

223 NE 195TH ST --
MIAMI FL 33179 --
US

Mailing Address

723 NE 195TH ST --
MIAMI FL 33179 --
US

2. Principal Place of Business

6151 SW 136 AVENUE

Suite, Apt. #, etc.

3. Mailing Address

6151 SW 136TH AVENUE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

FT. LAUDERDALE, FLORIDA

City & State

FT. LAUDERDALE, FLORIDA

4. FEI Number

59-2683696

Applied For

Not Applicable

Zip
33330

Country
US

Zip
33330

Country
US

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LINDO, VERNON
723 NE 195TH STREET
MIAMI FL 33179

7. Name and Address of New Registered Agent

Name

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

6151 SW 136TH AVENUE

City

FT. LAUDERDALE,

FL

Zip Code

33330

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, 2002 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
PD
LINDO, VERNON
723 NE 195TH STREET
MIAMI FL 33179

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
6151 SW 136TH AVENUE
FT. LAUDERDALE, FLORIDA 33330

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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☐ Delete

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CITY-ST-ZIP

☐ 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 address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)