

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M90752

1. Entity Name

SIS CARIBBEAN - AMERICAN FOODS, INC.

FILED

May 11, 2001 8:00 am
Secretary of State

05-11-2001 90297 027 ***150.00

Principal Place of Business

Mailing Address

868 JUPITER BLVD., N.W., #1

868 JUPITER BLVD., N.W., #1

PALM BAY, FL 32907

PALM BAY, FL 32907

US

US

2. Principal Place of Business

868 Jupiter Blvd NW

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#1

City & State

Palm Bay FL

City & State

4. FEI Number 59-2927981

Applied For

Not Applicable

Zip

32907

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRASER, MARCIA M
868 JUPITER BLVD., N.W., #1
PALM BAY FL 32907

Name

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

City

FL

Zip Code

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, 2001 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	PD	<input type="checkbox"/> Delete
NAME	FARREY, MICHELLE A	
STREET ADDRESS	5611 ENCHANTED DRAW	
CITY-ST-ZIP	PALM BAY FL 78251	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCKENZIE, SANDRA	
STREET ADDRESS	659 HAFTEZ STREET, N.E.	
CITY-ST-ZIP	PALM BAY FL 32907	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FRASER, MARCIA	
STREET ADDRESS	659 HAFTEZ STREET, N.E.	
CITY-ST-ZIP	PALM BAY FL 32907	
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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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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)(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

4/26/01

Date

Daytime Phone #

CR2E034 (10/00)