

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000004925

1. Entity Name

CARIBISLES SPORTS CLUB, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90154 039 ****61.50

Principal Place of Business

Mailing Address

P.O. BOX 14-4981

CORAL GABLES FL 33114-4981

P.O. BOX 14-4981

CORAL GABLES FL 33114-4981

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0441174

Applied For

Not Applicable

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

GABRIEL, ALLISON
20173 NW 36 CT
MIAMI FL 33056

Name

GAIL O'BRADY

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

2910 CYPRESS AVENUE

City

MIRAMAR

FL

Zip Code

33025

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

Gail L. O'Brady

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/11/00

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GABRIEL, ALLISON 20173 NW 36 CT MIAMI FL 33086	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCBARNETTE, HILARY 14500 NW 15TH AVE MIAMI FL 33167	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BEADEAU, RUTH 2420 SW 84TH TERR MIRAMAR FL 33025	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRO ALEXANDER, ANNETTA 5861 NW 16TH PLACE #203 SUNRISE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BYER, SHERRYANN 7000 SW 40 ST MIRAMAR FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BEST, SHIRLEY 6401 SW 20TH STREET APT N MIRAMAR FL	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'BRADY, GAIL 2910 CYPRESS AVENUE MIRAMAR, FL 33025	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCBARNETTE, HILARY 14500 NW 15TH AVENUE MIAMI, FL 33167	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Gail L. O'Brady
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/00

305-441-6276

CR2E037 (9/99)