

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000025385

1. Entity Name

CARIBBEAN GLOBAL INTERNATIONAL, INC.

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91624 001 ****50.00

05-18-2001 91624 002 ****100.00

Principal Place of Business
680 MILLER DR., SUITE 205 W
MIAMI SPRINGS FL 33166

Mailing Address
680 MILLER DR., SUITE 205 W.
MIAMI SPRINGS FL 33166

72763



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

312 Westward Dr.,
Suite, Apt. #, etc.

#4

City & State

Miami Springs, FL
Zip Country

33166 USA

3. Mailing Address

312 Westward Dr.,
Suite, Apt. #, etc.

#4

City & State

Miami Springs, FL
Zip Country

33166 USA

4. FEI Number

65-1002589

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WERMUTH, J. MICHAEL
8300 NW 53RD ST., SUITE 300
MIAMI, FL 33166

7. Name and Address of New Registered Agent

Name

WermuthLaw, P.A.

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

8300 NW 53rd Street, Suite 308

City

Miami, FL 33166

FL Zip Code
33166

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

J. MICHAEL WERMUTH, PRESIDENT

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

(NOTE: Registered Agent signature required when reinstating)

4/27/01
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Michael Wermuth, President

04/27/01

Date

305-883-8370

Daytime Phone #

CR2E034 (10/00)