

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000029542

1. Entity Name

CARIBBEAN CUISINE OF MIRAMAR, INC.

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90078 034 ***150.00

Principal Place of Business

Mailing Address

2871 SW 182 AVE
MIRAMAR FL 33029
18421 Miramar Parkway
Miramar FL 33029

2871 SW 182 AVE
MIRAMAR FL 33029

710517



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

18421 Miramar Parkway

3. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miramar

City & State

FL

4. FEI Number

65-0992645

Applied For

Not Applicable

Zip

Country

33029

Zip

Country

Broward

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

CORPORATE CREATIONS ENTERPRISES, INC.
941 FOURTH STREET #200
MIAMI BEACH FL 33139

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

U/A

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	D	<input checked="" type="checkbox"/> Delete
NAME	KHARTOON, JULIET	
STREET ADDRESS	2871 SW 182 AVE	
CITY-ST-ZIP	MIRAMAR FL 33029	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, ESMINE	
STREET ADDRESS	2871 SW 182 AVE	
CITY-ST-ZIP	MIRAMAR FL 33029	
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	williams-khartoon, Juliet	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2871 SW 182 AVE	
STREET ADDRESS	MIRAMAR FL 33029	
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)(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:

Juliet Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/01 (954) 442-6033
Date Daytime Phone #

CR2E034 (10/00)