

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000048013

1. Entity Name

CARIBBEAN ATLANTIC FINANCIAL GROUP INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90070 035 ***150.00

Principal Place of Business

8585 NW 6TH LANE E
APT 106
MIAMI FL 33126-3851

Mailing Address

8585 NW 6TH LANE E
APT 106
MIAMI FL 33126-3851

2. Principal Place of Business

10431 SW 88 St.

Suite, Apt. #, etc.

SUITE D-213

City & State

MIAMI, FLORIDA

Zip

33176

Country

USA

3. Mailing Address

P.O. Box 526708

Suite, Apt. #, etc.

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33152-6708

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

FEI 65-1009173

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MENENDEZ, ANTONIO
8585 NW 6TH LANE E
APT 106
MIAMI FL 33126-3851

7. Name and Address of New Registered Agent

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

April 10, 2001

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 \$350.00
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 PD
NAME MENENDEZ, ANTONIO
STREET ADDRESS 8585 NW 6TH LANE E
CITY-ST-ZIP MIAMI FL 33126-3851 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME MENENDEZ, ANTONIO ☒ Change ☐ Addition
STREET ADDRESS 10431 SW 88 St. SUITE D-213
CITY-ST-ZIP MIAMI, FLORIDA 33176 USA

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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

April 10, 2001

Date

Daytime Phone #

(305) 275-9580

CR2E034 (10/00)