

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State
 05-20-2002 90025 021 ***150.00

DOCUMENT # P00000048013

1. Entity Name
CARIBBEAN ATLANTIC FINANCIAL GROUP INC.

Principal Place of Business
40431 SW 88TH STREET
SUITE D-213
MIAMI FL 33176

Mailing Address
P.O. BOX 526708
MIAMI FL 33152-6708

2. Principal Place of Business
7455 SW 93 AVE
 Suite, Apt. #, etc.
MIAMI
 City & State
FLORIDA

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip
33173 Country
USA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
MENENDEZ, ANTONIO
8585 NW 8TH LANE E
APT 106
MIAMI FL 33126-3851

7. Name and Address of New Registered Agent
 Name
MENENDEZ, ANTONIO
 Street Address (P.O. Box Number is Not Acceptable)
14601 SW 88 St APT K-406
 City
MIAMI FL Zip Code
33186

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 DATE **April 29, 2002**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PD MENENDEZ, ANTONIO 10431 SW 88TH STREET SUITE D-213 MIAMI FL 33176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MENENDEZ ANTONIO 7455 SW 93 AVE MIAMI FLORIDA 33173 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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: **ANTONIO MENENDEZ** 4/29/2002 (305) 715-8873

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0040303 AV

CP2E034 (9/01)