

2001 UNIFORM BUSINESS REPORT (UBR)

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

04-30-2001 90344 014 ***150.00

DOCUMENT # P00000052903

1. Entity Name
CARIBBEAN QUALITY, INC.

Principal Place of Business Mailing Address
2300 FLAMINGO LAKES DR. 2300 FLAMINGO LAKES DR.
KISSIMMEE FL 34743 KISSIMMEE FL 34743

2. Principal Place of Business 3. Mailing Address
2300 GULL CT 2300 GULL CT
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
KISSIMMEE, FL KISSIMMEE, FL

Zip Country Zip Country
34743 US 34743 US

4. FEI Number **59-3658942** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional
 Fee Required

6. Name and Address of Current Registered Agent

PICHARDO, GLENYS
2300 FLAMINGO LAKES DR.
KISSIMMEE FL 34743

7. Name and Address of New Registered Agent

Name **PICHARDO, GLENYS**
 Street Address (P.O. Box Number is Not Acceptable)
2300 GULL CT
 City **KISSIMMEE FL** Zip Code **34743**

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 *Glenys Pichardo*

4/16/01

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

(NOTE: Registered Agent's 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 NAME STREET ADDRESS CITY-ST-ZIP	PCD PICHARDO, GLENYS 2300 FLAMINGO LAKES DR. KISSIMMEE FL 34743	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PICHARDO, EDER 2300 FLAMINGO LAKES DR. KISSIMMEE FL 34743	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PICHARDO, EDER A 2300 FLAMINGO LAKES DR. KISSIMMEE FL 34743	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PICHARDO, PAVEL F 2300 FLAMINGO LAKES DR. KISSIMMEE FL 34743	<input checked="" 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	PD PICHARDO, GLENYS 2300 GULL CT KISSIMMEE, FL 34743	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PICHARDO, EDER 2300 GULL CT KISSIMMEE, FL 34743	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PICHARDO, EDER A 2300 GULL CT KISSIMMEE, FL 34743	<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

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]* **VICE-PRESIDENT**

4/16/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E034 (10/00)