

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000052903

1. Entity Name

CARIBBEAN QUALITY, INC.

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

04-30-2001 90344 014 ***150.00

Principal Place of Business

2300 FLAMINGO LAKES DR.
KISSIMMEE FL 34743

Mailing Address

2300 FLAMINGO LAKES DR.
KISSIMMEE FL 34743

2. Principal Place of Business

2300 GULL CT

3. Mailing Address

2300 GULL CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
KISSIMMEE, FLCity & State
KISSIMMEE, FL

4. FEI Number 59-3658942

Applied For
Not ApplicableZip
34743Country
USZip
34743Country
US5. 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 State10. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PCD	<input type="checkbox"/> Delete
NAME	PICHARDO, GLENYS	
STREET ADDRESS	2300 FLAMINGO LAKES DR.	
CITY-ST-ZIP	KISSIMMEE FL 34743	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PICHARDO, EDER	
STREET ADDRESS	2300 FLAMINGO LAKES DR.	
CITY-ST-ZIP	KISSIMMEE FL 34743	
TITLE	S	<input type="checkbox"/> Delete
NAME	PICHARDO, EDER A	
STREET ADDRESS	2300 FLAMINGO LAKES DR.	
CITY-ST-ZIP	KISSIMMEE FL 34743	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	PICHARDO, PAVEL F	
STREET ADDRESS	2300 FLAMINGO LAKES DR.	
CITY-ST-ZIP	KISSIMMEE FL 34743	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PICHARDO, GLENYS	
STREET ADDRESS	2300 GULL CT	
CITY-ST-ZIP	KISSIMMEE, FL 34743	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PICHARDO, EDER	
STREET ADDRESS	2300 GULL CT	
CITY-ST-ZIP	KISSIMMEE, FL 34743	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PICHARDO, EDER A	
STREET ADDRESS	2300 GULL CT	
CITY-ST-ZIP	KISSIMMEE, FL 34743	
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:

VICE-PRESIDENT

4/16/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)