2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 26, 2002 8:00 am
Secretary of State
08-26-2002 90066 034 ***150.00

DOCUMENT # P00000086997

1. Entity Name
CARIBBEAN NOTIONS, INC

Principal Place of Business: 17565 NW 67th PL #L MIAMI, FL. 33015
Mailing Address

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-1040649 ☐ Applied For ☐ Not Applicable

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
ROBERTO PAZ 17565 NW 67th PL #L MIAMI, FL. 33015	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

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, 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	D ROBERTO PAZ 17565 NW 67th PL #L MIAMI, FL. 33015 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: ROBERTO PAZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/18/02 Date
305-558-9703 Daytime Phone #

Attachment

P00000086997
124315

August 21, 2002

Uniform Business Report
Division of Corporations
P.O. Box 6327

Re : 2002 Uniform Busines Report
Caribbean Notions, Inc
P00000086997

Dear Sirs :

Attached please find Business Report for above mention Corp. and the check in the amount of $ 150.oo.

We did not receive the 2002 Business report in time to file, please accept the attached check in the amount of $ 150.00 Fee.

In further information is needed please contact me.

Roberto Paz
17565 NW 67th Pl #L
Miami, FL. 33015