

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **00000086997**

1. Entity Name
CARIBBEAN NOTIONS, INC

FILED
Aug 26, 2002 8:00 am
Secretary of State

08-26-2002 90066 034 ***150.00

Principal Place of Business Mailing Address

17565 NW 67th PL + L
MIAMI, FL. 33015

2. Principal Place of Business 3. Mailing Address

In, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FET 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

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

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: The registered Agent signature required when required)

Date

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 Fund Contribution ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

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		☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete
TITLE NAME STREET ADDRESS 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 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
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: **ROBERTO PAZ**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

Attachment

P000000086997
124315

August 21, 2002

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

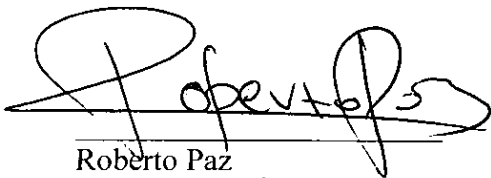
Re : 2002 Uniform Business Report
Caribbean Notions, Inc
P00000086997

Dear Sirs :

Attached please find Business Report for above mention Corp. and the check in the amount of \$ 150.00.

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