

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000102267

1. Entity Name

CARIBBEAN SEA FOOD & RESTAURANT INC

Principal Place of Business

6315 MIRAMARA PWY
MIRAMAR FL 33023-3943

Mailing Address

6315 MIRAMARA PWY
MIRAMAR FL 33023-3943

2. Principal Place of Business

3. Mailing Address

8830 NW 75TH CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

TAMIAHAE FL

Zip

Country

Zip

Country

33321

USA

4. FEI Number

65-0996427

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

RAMNATH, SUE
6315 MIRAMARA PWY
MIRAMAR FL 33023-3943

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

1-12-01

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

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	RAMNATH, SUE	
STREET ADDRESS	3904 JASMINE AVE	
CITY-ST-ZIP	MIRAMAR FL 33023-6606	
TITLE	VIC PRESIDENT	<input type="checkbox"/> Delete
NAME	RAMNATH SINGH	
STREET ADDRESS	3904 JASMINE AVE	
CITY-ST-ZIP	MIRAMAR FL 33023-6606	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		<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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-01

Date

954 965 2920

Daytime Phone #

CR2E034 (10/00)

0109449

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90025 035 ***150.00



DO NOT WRITE IN THIS SPACE