

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91673 001 ***150.00
04-28-2003 91673 002 *****8.75

DOCUMENT # P00000108846	
1. Entity Name CARIBBEAN MANAGEMENT CORPORATION	

Principal Place of Business 7560 MERIDIAN ST. MIRAMAR FL 33023	Mailing Address 7560 MERIDIAN ST. MIRAMAR FL 33023
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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33083-3854	USA
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☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0699383	Applied For
	Not Applicable

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
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ETIENNE, JOSEPH 7560 MERIDIAN ST. MIRAMAR FL 33023
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7. Name and Address of New Registered Agent
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE P <input type="checkbox"/> Delete	NAME ETIENNE, JOSEPH
STREET ADDRESS 7560 MERIDIAN ST.	
CITY-ST-ZIP MIRAMAR FL 33023	
TITLE VP <input type="checkbox"/> Delete	NAME ETIENNE, MARLENE
STREET ADDRESS 7560 MERIDIAN ST	
CITY-ST-ZIP MIRAMAR FL 33023	
TITLE S <input checked="" type="checkbox"/> Delete	NAME ETIENNE, DRANEY L
STREET ADDRESS 7560 MERIDIAN ST	
CITY-ST-ZIP MIRAMAR FL 33023	
TITLE S <input checked="" type="checkbox"/> Delete	NAME ETIENNE, DOREEN L
STREET ADDRESS 7560 MERIDIAN ST	
CITY-ST-ZIP MIRAMAR FL 33023	
TITLE <input type="checkbox"/> Delete	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	NAME
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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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	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: M. Etienne **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** ETIENNE, V P 4/24/03 954-9649254
Date Daytime Phone #

CR2E034 (10/02)