

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90017 019 ***150.00

DOCUMENT # P01000007303

1. Entity Name
CARIBBEAN INVESTORS DEVELOPMENT INT



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 10 ROYAL PALM WAY Suite, Apt. #, etc. SUITE 203 City & State BOCA RATON FL Zip 33432 Country		3. Mailing Address 10 ROYAL PALM WAY Suite, Apt. #, etc. SUITE 203 City & State BOCA RATON FL Zip 33432 Country	
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54038825

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4. FEI Number 65-107-2375	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name VINCENT DONHOYER	
Street Address (P.O., Box Number is Not Acceptable)	
10 ROYAL PALM WAY SUITE 203	
City BOCA RATON	Zip Code FL 33432

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 *Vincent Donhoyer*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-20-04

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. **PRESIDENT** OFFICERS AND DIRECTORS
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VINCENT DONHOYER
10 ROYAL PALM WAY NO 203
BOCA RATON FL 33432

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
RON ORTIZ
VICE PRESIDENT
10 ROYAL PALM WAY NO 203
BOCA RATON FL 33432

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Vincent Donhoyer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-04

Date

Daytime Phone #

561-305-4577

CR2E034B (12/02)