

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

03-26-2002 90101 044 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *P01000009657*

1. Entity Name

Carib International Safety Corp.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8620 NW 64th St.

3. Mailing Address

Same as

Suite, Apt. #, etc.

Bay #9

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

4. FEI Number

65-1100389

Applied For

Not Applicable

Zip

33166

Country

U.S.A.

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

B0050207

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name *WHYNDUM O'HARRIS*

Street Address (P.O. Box Number is Not Acceptable)

8620 NW 64th St. #9

City *Miami*

FL

Zip Code *33166*

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

Whyndum O'Harris

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/18/2002

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1, Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

NAME

STREET ADDRESS

CITY - ST - ZIP

PRESIDENT

Whyndum O'Harris

8620 NW 64th St. #9

Miami, FL 33166

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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TITLE

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

SIGNATURE:

Whyndum O'Harris

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/2002

DATE

(305) 639-6056

DAYTIME PHONE #

CR2E034B (12/01)