

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91573 010 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P01000043140

1. Entity Name
CARIBAY GROUP, INC.

Principal Place of Business

**11500 NW 50TH TERRACE
 MIAMI FL 33178**

Mailing Address

**11500 NW 50TH TERRACE
 MIAMI FL 33178**

2. Principal Place of Business

12466 Accipiter DR

Suite, Apt. #, etc.

3. Mailing Address

Same as #2.

Suite, Apt. #, etc.

City & State

Orlando, Florida

City & State

Orlando, Florida

4. FEI Number

65-1114511

Applied For

Not Applicable

Zip

32837

Country

U.S.A.

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**PIZANI, FELIPE A
 11500 NW 50TH TERRACE
 MIAMI FL 33178**

7. Name and Address of New Registered Agent

Name **Puleo, Felipe A**

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

12466 Accipiter DR.

City **Orlando, Florida**

FL

Zip Code

32837

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 **Felipe A. Puleo**

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

(NOTE: Registered Agent signature required when reinstating)

04/17/2002

DATE

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, 2002 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 **PD** ☐ Delete
 NAME **PULEO PIZANI, FELIPE A**
 STREET ADDRESS **11500 NW 50TH TERRACE**
 CITY-ST-ZIP **MIAMI FL 33178**

TITLE **VD** ☐ Delete
 NAME **TELLES, DIOMAR DEL C**
 STREET ADDRESS **11500 NW 50TH TERRACE**
 CITY-ST-ZIP **MIAMI FL 33178**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P.D.** ☒ Change ☐ Addition
 NAME **Puleo, Felipe A.**
 STREET ADDRESS **12466 Accipiter Drive,**
 CITY-ST-ZIP **Orlando, Florida 32837**

TITLE **V.P.** ☒ Change ☐ Addition
 NAME **Telles, Diomar D.**
 STREET ADDRESS **12466 Accipiter Drive,**
 CITY-ST-ZIP **Orlando, Florida 32837**

TITLE ☐ Change ☐ Addition
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 NAME
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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:

Felipe Puleo President
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/17/2002

Date

Daytime Phone #

CR2E034 (9/01)