

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

04-01-2002 90618 049 \*\*\*150.00

**DOCUMENT # P01000051962**

1. Entity Name  
**CARRIB NOVELTY, INC.**

Principal Place of Business

Mailing Address

**2613 COLONY DR.  
DUNEDIN FL 34698**

**2613 COLONY DR.  
DUNEDIN FL 34698**

2. Principal Place of Business

3. Mailing Address

**202 10<sup>TH</sup> AVE. N.**

**202 10<sup>TH</sup> AVE. N.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**SAFETY HARBOR, FL**

**SAFETY HARBOR, FL**

4. FEI Number

**59-3721223**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**KIDD, CORA  
2513 COLONY DR.  
DUNEDIN FL 34698**

Name **GREG GRAPER**

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

**202 10<sup>TH</sup> AVE. N.**

City

**SAFETY HARBOR FL**

Zip Code

**34695**

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

**GREG GRAPER**

(NOTE: Registered Agent signature required when reinstating)

**3-21-02**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **KIDD, CORA**  
STREET ADDRESS **2613 COLONY DR.**  
CITY-ST-ZIP **DUNEDIN FL 34698**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **GREG GRAPER**  
STREET ADDRESS **9440 S.W. 215 LANE**  
CITY-ST-ZIP **MIAMI, FL. 33189**

TITLE ☐ Change ☒ Addition  
NAME **MARIA DEL CARMEN CANO**  
STREET ADDRESS **1833 S. OCEAN DR. SUITE 712**  
CITY-ST-ZIP **HALLANDALE, FL. 33009**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-21-02**

Date

**727-726-1806**

Daytime Phone #

CR2E034 (9/01)