

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

FILED
Jul 28, 2002 8:00 am
Secretary of State

07-28-2002 90173 013 ***158.75

DOCUMENT # 961000063197

1. Entity Name

Caribbean Breeze Grill Corporation

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

620 Renaissance Pointe #309

3. Mailing Address

P.O. Box 161771

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Altamonte Springs, Florida

City & State
Altamonte Springs, Florida

4. FEI Number

11-3643510

☒ **Applied For**

☐ **Not Applicable**

Zip
32714

Country
Seminole

Zip
32716

Country
Seminole

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name Sarah E. LeBlanc

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

P.O. Box 161771

City Altamonte Springs

FL

Zip Code
32716

**DO NOT WRITE
IN THIS SPACE**

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

Sarah E. LeBlanc

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

(NOTE: Registered Agent signature required when reinstating)

7/23/2002

DATE

**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 \$350.00

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

President - Treasurer
Jose Antonio LeBlanc

STREET ADDRESS
CITY - ST - ZIP

620 Renaissance Pointe #309
Altamonte Springs, Florida 32714

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP

Vice-President - Secretary
Sarah Elizabeth LeBlanc
620 Renaissance Pointe #309
Altamonte Springs, Florida 32714

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP

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

SIGNATURE:

Sarah E. LeBlanc
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/22/2002
Date

(321) 439-7301
Daytime Phone #



Attachment

PO1000063197/675388

**CARIBBEAN
BREEZE GRILL**

GOURMET CUISINE

Where Taste & Health Melt Together

**P.O. Box 161771
Altamonte Springs, Florida 32716
(321) 439-7301**

July 23, 2002

**Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302**

To Whom It May Concern:

I spoke with your offices today with Madeline and explained her that I never received any form regarding a report and that the resident agent that was registered to be our agent vanished. This corporation has not started doing business yet, but we are planning to start soon. Today also, we acquired our FEI number with the IRS which is included in the form. Madeline, explained to me that your department will waive the penalty fee for this time and to named a current agent and the address so we can receive the forms every year.

Enclosed there is a check for the total of \$ 158.75

150.00 Fees

8.75 Certificate of Status Desired

\$ 158.75

**Thank you very much for your consideration to this matter
Sincerely,**

J. Antonio LeBlanc

**J. Antonio LeBlanc
President
Caribbean Breeze Grill Corporation**