2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91759 049 ***150.00

DOCUMENT # P01000063197

1. Entity Name
CARIBBEAN BREEZE GRILL, CORPORATION.

Principal Place of Business	Mailing Address
~~620 RENAISSANCE POINTE~~ ~~# 309~~ ~~ALTAMONTE SPRINGS, FL 32714~~	~~PO BOX 161771~~ ~~ALTAMONTE SPRINGS, FL 32716~~

2. Principal Place of Business	3. Mailing Address
PO BOX 670732	PO BOX 670732
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Coral Springs , Florida	City & State: Coral Springs , Florida
Zip: 33067 Country: USA	Zip: 33067 Country: USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number: 11-3643510 ☐ Applied For ☐ Not Applicable

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
LEBLANC, SARAH E → ~~P.O. BOX 161771~~ ~~ALTAMONTE SPRINGS, FL 32716~~	Name: Sarah E. LeBlanc Street Address (P.O. Box Number is Not Acceptable): 3100 Sunset Lane City: Margate FL Zip Code: 33063

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 ________________ 3/22/2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PT	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LEBLANC, JOSE A		NAME	
STREET ADDRESS	PO Box 670732		STREET ADDRESS	
CITY-ST-ZIP	Coral Springs, Florida 33067		CITY-ST-ZIP	
TITLE	VPS	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LEBLANC, SARAH E		NAME	
STREET ADDRESS	PO Box 670732		STREET ADDRESS	
CITY-ST-ZIP	Coral Springs, Florida 33067		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jose Antonio LeBlanc [signature] 3/22/2003 954 - 263-9738
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #