

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90148 032 ***150.00

DOCUMENT # P01000065262

1. Entity Name
CARIBBEAN BREEZE, INC.



Principal Place of Business
**21331 CORKSCREW VILLAGE LANE
ESTERO FL 33928**

Mailing Address
**5628 STRAND BLVD #B5
MSC 204
NAPLES FL 34110**

2. Principal Place of Business

3. Mailing Address

21331 S Tamiami Tr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
ESTERO FL

Zip

Country

Zip
33928

Country
Lee

4. FEI Number
65-1120076

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ELSAID, KAREN
5628 STRAND BLVD #B5
MSC 204
NAPLES FL 34110**

Name

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

21331 S Tamiami Tr

City

ESTERO

FL

Zip Code

33928

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

K. Elsaid

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ELSAID, GOMA
21331 CORKSCREW VILLAGE LANE
ESTERO FL 33928** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Karen Elsaid - D
21331 S Tamiami Tr
ESTERO FL 33928** ☒ Change ☐ Addition

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

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

K. Elsaid

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/03

Date

2392547999

Daytime Phone #

CR2E034 (10/02)