

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90147 001 ***150.00

DOCUMENT # P01000092102

1. Entity Name
CARIBE VAN LINES OF FLORIDA INCORPORATED



Principal Place of Business
2101 CLAY ST
KISSIMMEE FL 34741

Mailing Address
2101 CLAY ST
KISSIMMEE FL 34741

2. Principal Place of Business

2101 W CLAY ST

3. Mailing Address

2101 W CLAY ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Kissimmee FL

City & State

Kissimmee FL

Zip

34741

Country

OSCEOLA

Zip

34741

Country

OSCEOLA

4. FEI Number

03-0393712

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

VAZQUEZ, LUIS F
2101 CLAY ST
KISSIMMEE FL 34741

7. Name and Address of New Registered Agent

Name

O/N

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

City

FL

Zip Code

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

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

TITLE **PST** ☒ **Delete**
NAME **VATQUIZ, LUIS F**
STREET ADDRESS **316 BUTTONWOOD**
CITY-ST-ZIP **KISSIMMEE FL 34743**

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

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

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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PST** ☐ **Change** ☐ **Addition**
NAME **VAZQUEZ LUIS F**
STREET ADDRESS **316 Buttonwood**
CITY-ST-ZIP **Kissimmee FL 34743**

TITLE **to ASUACH** ☐ **Change** ☒ **Addition**
NAME **HAYDEE VAZQUEZ**
STREET ADDRESS **316 Buttonwood**
CITY-ST-ZIP **Kissimmee FL 34743**

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-22-03

407-943-7373

CRCE034 (10/02)