

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90537 040 \*\*\*150.00

**DOCUMENT # P02000013281**

1. Entity Name  
**CARIBBEAN DREAMS, INC.**



Principal Place of Business  
**4349 W. 9TH CT.  
HIALEAH FL 33012**

Mailing Address  
**4349 W. 9TH CT.  
HIALEAH FL 33012**



2. Principal Place of Business  
**4759 PALM AVE**

3. Mailing Address  
**4759 PALM AVE**

Suite, Apt. #, etc.  
**SUITE 207**

Suite, Apt. #, etc.  
**SUITE 207**

City & State  
**HIALEAH FL**

City & State  
**HIALEAH FL**

Zip Country  
**33012 - U.S.A.**

Zip Country  
**33012 - U.S.A.**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number  
**80-0030953**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**ALICEA, ERNESTO  
4349 W. 9TH CT.  
HIALEAH FL 33012**

**7. Name and Address of New Registered Agent**

Name  
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 \_\_\_\_\_ (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	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>ALICEA, ERNESTO</b>	
STREET ADDRESS	<b>4349 W. 9TH CT.</b>	
CITY-ST-ZIP	<b>HIALEAH FL 33012</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>ALICEA, MARCO L.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>6248 NW 171 ST</b>	
STREET ADDRESS	<b>MIAMI FL 33015</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 OF ERNESTO ALICEA*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/17/03 786 351-7772*  
Date Daytime Phone #

CR2E034 (10/02)