

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000114950

1. Entity Name
UNITED CARIBBEAN, INC.



FILED

05 DEC -2 AM 10:55

Principal Place of Business
7773 SW 102 PL
MIAMI, FL 33173

Mailing Address
7773 SW 102 PL 2320 NW 102nd Pl.
MIAMI, FL 33173 Doral, FL 33172

2. Principal Place of Business

3. Mailing Address

2320 SW 102nd Pl.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Doral, Florida

Zip

Country

Zip

Country

33172

11082005

REIN-P

CR2E098 (6/04)

4. FEI Number
38-3663506

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

CHARCHAT, STEVEN M ESQ.
STEVEN M. CHARCHAT, P.A.
848 BRICKELL AVE STE 1040
MIAMI, FL 33131

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00

After January 1, 2006, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DPST
VICTORIN, MARGARET
7773 SW 102 PL
MIAMI, FL 33173 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
300061553003 ☐ Change ☐ Addition
11/18/05--01054--009 **758.75

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

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

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TITLE
NAME
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:

Margaret Victorin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nov 9, 2005 (305) 477-1782

Date

Daytime Phone #