2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 90306 025 ***150.00

000130 AV

DOCUMENT # P02000133666

1. Entity Name
CARIBBEAN LADY CHARTERS, INC.

Principal Place of Business
801 BRICKELL BAY DRIVE. BOX 4. PMB 111
MIAMI FL 33131

Mailing Address
801 BRICKELL BAY DRIVE. BOX 4. PMB 111
MIAMI FL 33131

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
9391 SW 192 Drive	411 Walnut Street
Suite, Apt. #, etc.	Suite, Apt. #, etc. # 2208
City & State: Miami, FL	City & State: Green Cove Springs, FL
Zip: 33157 Country: USA	Zip: 32043 Country: USA

4. FEI Number: EIN 04-3739265 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
GIULIANTI, STACEY A ESQ.
350 EAST LAS OLAS BOULEVARD, SUITE 1440
FORT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent
Name: William A. Stetson P.A.
Street Address (P.O. Box Number is Not Acceptable): 12515 N. Kendall Dr.
Suite 310
City: Miami FL Zip Code: 33186

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] DATE: 4-18-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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: PSD NAME: GARCIA-MONES, THOMAS STREET ADDRESS: 801 BRICKELL BAY DRIVE. BOX 4, PMB 111 CITY-ST-ZIP: MIAMI FL 33131	☐ Delete	☑ Change ☐ Addition TITLE NAME STREET ADDRESS: 411 Walnut Street #2208 CITY-ST-ZIP: Green Cove Springs, FL 32043
TITLE: VPTD NAME: GARCIA-MONES, ANN STREET ADDRESS: 801 BRICKELL BAY DRIVE. BOX 4, PMB 111 CITY-ST-ZIP: MIAMI FL 33131	☐ Delete	☐ Change ☐ Addition TITLE NAME STREET ADDRESS: 411 Walnut Street #2208 CITY-ST-ZIP: Green Cove Springs, FL 32043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP

CR2E034 (10/02)

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] 4/21/03 305 373-1331
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #