

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

5/1/21

**FILED**  
**Jun 11, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90194 049 \*\*\*150.00

DOCUMENT # P02000135474

1. Entity Name

CARIBBEAN FLAVOURS OF CENTRAL FLORIDA INC.



55047621

Principal Place of Business

2801 N. HIAWASEE RD., SUITE 1  
ORLANDO FL 32818

Mailing Address

2801 N. HIAWASEE RD., SUITE 1  
ORLANDO FL 32818

2. Principal Place of Business

2801 N. HIAWASEE RD.  
Suite, Apt. #, etc.  
Unit #1

3. Mailing Address

2801 N. HIAWASEE RD.  
Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Orlando

4. FEI Number

~~58-10-19477-085~~

Applied For

Not Applicable

Zip

32818

Country

USA

Zip

32818

Country

USA

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

KLEINBERGER, STEVEN  
1411 EL CAJON CT.  
WINTER SPRINGS FL

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 \$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 PD  
NAME SKEETE, MARY M  
STREET ADDRESS 6902 OAKMORE LANE  
CITY-ST-ZIP ORLANDO FL 32818

TITLE VD  
NAME CALLENDAR, SHARON  
STREET ADDRESS 1057 CARROL ST.  
CITY-ST-ZIP BROOKLYN NY 11225

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 SECURED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/03

Date

Daytime Phone #

CR2E034 (10/02)