

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000015037

1. Entity Name

U. S. CARIBEN, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90183 018 ***150.00

Principal Place of Business

C/O PERLMAN & FABER, P.A.
 799 BRICKELL PLAZA, SUITE 900
 MIAMI FL 33131
 US

Mailing Address

C/O PERLMAN & FABER, P.A.
 799 BRICKELL PLAZA, SUITE 900
 MIAMI FL 33131-2805
 US

2. Principal Place of Business

C/O George D. Perlman P.A.
 Suite, Apt. #/ etc. *Suite 3000*
701 Brickell Avenue

3. Mailing Address

C/O George D. Perlman, P.A.
 Suite, Apt. #, etc. *SUITE 3000*
701 Brickell Avenue



DO NOT WRITE IN THIS SPACE

City & State

Miami, Florida
 Zip *33131* Country *U.S.A.*

City & State

Miami, Florida
 Zip *33131* Country *U.S.A.*

4. FEI Number

65-0440736

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

PERLMAN & ASSOCIATES, P.A.
 799 BRICKELL PLAZA
 SUITE 900
 MIAMI FL 33131

7. Name and Address of New Registered Agent

Name *George D. Perlman, P.A.*
 Street Address (P.O. Box Number is Not Acceptable)
701 Brickell Avenue
Suite 3000
 City *Miami,* FL Zip Code *33131*

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.

SIGNATURE

[Signature]

GEORGE D. PERLMAN, President

DATE

4/5/00

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PTSD** ☐ Delete
 NAME **GLASWAND, HERMAN**
 STREET ADDRESS **C/O PERLMAN & FABER PA 799 BRICKELL PL 900**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE **VP** ☐ Delete
 NAME **GLASWAND, SIMONE**
 STREET ADDRESS **C/O PERLMAN & FABER PA 799 BRICKELL PL 900**
 CITY-ST-ZIP **MIAMI FL 33131**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTSD** ☒ Change ☐ Addition
 NAME **GLASWAND, HERMAN**
 STREET ADDRESS *C/O George D. Perlman, P.A.*
 CITY-ST-ZIP *701 Brickell Ave Suite 3000*
MIAMI, FLORIDA 33131

TITLE **VP** ☒ Change ☐ Addition
 NAME **GLASWAND, SIMONE**
 STREET ADDRESS *C/O George D. Perlman, P.A.*
 CITY-ST-ZIP *701 Brickell Ave Suite 3000*
MIAMI, FLORIDA 33131

TITLE ☐ Change ☐ Addition
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13. 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 11 or Block 12 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

S. Glaswand VP 4/7/00

Date

Daytime Phone #

CR2E034 (9/99)