2000 UNIFORM BUSINESS REPORT (UBR)

FILED Sep 18, 2000 8:00 am Secretary of State DOCUMENT # P93000035797 1. Entity Name CARIB PRINT, INC. - C.P.I. EXPORT & IMPORT 09-18-2000 90020 026 ***550 00 Principal Place of Business Mailing Address 1411 NW 54TH AVE 1411 NW 54TH AVE LAUDERHILL FL 33313 LAUDERHILL FL 33313 B0106975 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0508578 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SMITH. WINSTON E Street Address (P.O. Box Number is Not Acceptable) 1411 NW 54TH AVE LAUDERHILL FL 33313 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Pavable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. DPT Addition TITLE ☐ Defete TITLE Change NAME SMITH, WINSTON E NAME STREET ADDRESS 1411 NW 54TH AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAUDERHILL FL 33313 JANEITA SMITH, 1411 NW. 54 AYE Change TITLE DVS Delete TITLE Addition NAME Marshall, donald NAME 1411/NW 54TH AVE STREET ADDRESS STREET ADDRESS LAUDERHILLY FL. 33313 CITY-ST-ZIP CITY-ST-ZIP LAUDERHILL FL Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-7IP CITY-ST-ZIP Addition ☐ Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 of 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 v ith an address, with all other

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