

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2001 8:00 am**  
**Secretary of State**  
 04-10-2001 90119 043 \*\*\*150.00

0476280

**DOCUMENT # P93000040665**

1. Entity Name

**CARIBBEAN TRADING CORPORATION OF ORLANDO**

Principal Place of Business

1142 LAURA ST  
 CASSELBERRY FL 32752  
 US

Mailing Address

P.O. BOX 521267  
 LONGWOOD FL 32752  
 US

2. Principal Place of Business

3. Mailing Address

1142 LAURA ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

CASSELBERRY FL

Zip

Country

Zip

Country

32707 USA

6. Name and Address of Current Registered Agent

CUMMING, ROGER  
 1142 LAURA ST  
 CASSELBERRY FL 32707

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

4. FEI Number

59-3190976

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
 Fee Required

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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 PD  
 NAME CUMMING, MARY M.  
 STREET ADDRESS 1142 LAURA ST.  
 CITY-ST-ZIP CASSELBERRY FL

☐ Delete

TITLE T  
 NAME CUMMING ROGER  
 STREET ADDRESS 11420 LAURA ST  
 CITY-ST-ZIP CASSELBERRY FL

☐ Delete

TITLE VD  
 NAME CUMMING, ROGER  
 STREET ADDRESS 1142 LAURA ST  
 CITY-ST-ZIP CASSELBERRY FL

☐ Delete

TITLE S  
 NAME CUMMING, MARY M  
 STREET ADDRESS 1142 LAURA ST  
 CITY-ST-ZIP CASSELBERRY FL 32707

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

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

Date

Daytime Phone #

4.4.01

407-699-2184

CR2E034 (10/00)