

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000044138

1. Entity Name

CARIBBEAN RESORTS INC.

FILED

Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90311 008 ***158.75

Principal Place of Business

CARIBBEAN RESORTS INC.
8324 NW 197TH STREET
MIAMI LAKES FL 33015
US

Mailing Address

CARIBBEAN RESORTS INC.
8324 NW 197TH STREET
MIAMI LAKES FL 33015
US

2. Principal Place of Business

3. Mailing Address

P.O. Box 170338

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Hialeah

Zip

Country

Zip

Country

33017

DADE

4. FEI Number 65-0424476

Applied For

Not Applicable

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

CASO, CARLOS R
299 ALHAMBRA CIRCLE
SUITE 218
CORAL GABLES FL 33134

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstalling)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
ROZIER, RICHARD
8324 NW 197TH STREET
MIAMI LAKES FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
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☐ Delete

TITLE
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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:

Richard A Rozier (Richard A Rozier)

Date

4/17/01

Daytime Phone #

305-829-6039

CR2E034 (10/00)