

AMENDED ANNUAL REPORT  
**2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P 95000006281

1. Entry Name

CARIBBEAN GARDENS LIQUORS, INC.

Principal Place of Business

Mailing Address

2. Principal Place of Business  
 5713 Hallandale Beach Blvd.

3. Mailing Address  
 5713 Hallandale Beach Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**FILED**  
 01 NOV 21 AM 9:49  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

City & State  
 Hollywood, Florida

City & State  
 Hollywood, Florida

4. FEI Number  
 65-0566924

Applied For  
 Not Applicable

Zip  
 33023

Country  
 USA

Zip

Country

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

Louis J. Terminello, Esq.  
 TERMINELLO & TERMINELLO, P.A.  
 2700 SW 37th Avenue  
 Miami, Florida 33133

Name  
 Yelitza Landivar  
 Street Address (P.O. Box Number is Not Acceptable)  
 5713 Hallandale Beach Blvd.  
 City  
 Hollywood FL Zip Code  
 33023

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

*Landivar Scubani*

6051979-2551

11/19/2001

Signature, typed or printed name of registered agent, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PVST	MOLINARI, MARIO	5713 Hallandale Beach Boulevard	Hollywood, Florida 33023	<input checked="" type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
PVST, Director	LANDIVAR, YELITZA	5713 Hallandale Beach Boulevard	Hollywood, Florida 33023	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> 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:

*Landivar Scubani*

11/19/2001

(305) 979-2551

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #