

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90148 027 ***150.00

DOCUMENT # P95000014736

1. Entity Name
CARIBCO INC.

Principal Place of Business
2980 MCFARLANE RD., #212
MIAMI FL 33133

Mailing Address
2980 MCFARLANE RD., #212
MIAMI FL 33133



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3109 Grand Ave.

3. Mailing Address
3109 Grand Ave.

Suite, Apt. #, etc.
#409

Suite, Apt. #, etc.
#409

City & State
Coconut Grove, FL

City & State
Coconut Grove, FL

4. FEI Number
59-3321107

Applied For
Not Applicable

Zip
33133

Country
U. S. A.

Zip
33133

Country
U. S. A.

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

MELANSON, THANE
2980 MCFARLANE RD., #212
MIAMI FL 33133

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 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, 2002 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
	D			
	MELANSON, THANE	1600 S. BAYSHORE LANE., UNIT 6C	MIAMI FL 33133	
	C			
	MELANSON, UBALD	19701 GULF BLVD., APT 218	INDIAN SHORES FL	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

CR2E034 (9/01)

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 REG (THANE) MELANSON April 18/02 787-638-3990

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #