

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 27, 2001 8:00 am**  
**Secretary of State**

0094478

DOCUMENT # P95000072252

1. Entity Name

CARIBBEAN APPAREL ASSOCIATES, INC.

04-27-2001 90304 033 \*\*\*150.00

Principal Place of Business

4000 E 10TH CT  
HIALEAH FL 33013  
US

Mailing Address

4000 E 10TH CT  
HIALEAH FL 33013  
US

2. Principal Place of Business

660 W 83rd St  
Suite, Apt. #, etc.

3. Mailing Address

660 W 83rd St  
Suite, Apt. #, etc.

City & State

Hialeah, FL 33014

City & State

Hialeah, FL

Zip

33014

Country

USA

Zip

33014

Country

USA

6. Name and Address of Current Registered Agent

BURSTEIN, ABRAHAM  
3970 E. 10TH COURT  
HIALEAH FL 33013

7. Name and Address of New Registered Agent

Name Abraham Burstein

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

660 W 83rd St.

City

Hialeah

FL

Zip Code

33014

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

*A. Burstein Pres.*

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

(NOTE: Registered Agent's signature required when re-instating)

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	PTD	<input type="checkbox"/> Delete
NAME	BURSTEIN, ABRAHAM	
STREET ADDRESS	3970 EAST 10TH COURT	
CITY - ST - ZIP	HIALEAH FL 33013	
TITLE	VPSD	<input type="checkbox"/> Delete
NAME	BURSTEIN, MARK	
STREET ADDRESS	3970 EAST 10TH COURT	
CITY - ST - ZIP	HIALEAH FL 33013	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

*A. Burstein Pres.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-826-8424

CR2E034 (10/00)