

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P95000072300**

1. Entity Name  
**CARIBBEAN STORE, INC.**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 NOV 21 AM 10:55

Principal Place of Business  
2515 N.W. 20TH STREET  
MIAMI FL 33142

Mailing Address  
1005 SW 87TH AVE  
MIAMI FL 33174

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**REINSTATEMENT**  
CHECK HERE IF MAKING CHANGES **03**

4. FEI Number **65-0607843**

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

**GARCIA, HECTOR**  
**2515 N.W. 20TH STREET**  
**MIAMI FL 33142**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW! FEE IS \$150.00**  
**After May 1, 2003, Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARCIA, HECTOR 2515 N.W. 20TH STREET MIAMI FL 33142	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GARCIA, AMANDA 2515 N.W. 20TH STREET MIAMI FL 33142	<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 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
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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

12. 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 10 or Block 11 if changed, or on an attachment with an address, without other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**AMANDA GARCIA-SEC.**

**4/22/03**

**305-636-2030**

Date

Daytime Phone #

CR2E034 (10/02)

2/2

MIAMI, OCTOBER 20, 2003

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL. 32314  
ATT: PAT BAILEY

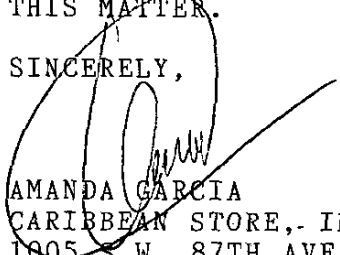
RE: CARIBBEAN STORE, INC.  
DOC. #P95000072300

DEAR MS BAILEY:

AS PER MY PHONE CONVERSATION WITH YOU ON 10-20-03, AND  
PER YOUR INSTRUCTIONS, ATTACHED YOU WILL FIND THE MONEY  
ORDER FOR THE AMOUNT OF \$165.00, AND THIS LETTER STATING,  
THAT IN JULY 2003 I SENT A MONEY ORDER FOR THE AMOUNT OF  
\$150.00 THAT YOU DID NOT RECEIVE, THAT WAS PROBABLY LOST  
IN THE MAIL.

MS BAILEY, THANK YOU IN ADVANCE FOR YOUR COOPERATION IN  
THIS MATTER.

SINCERELY,



AMANDA GARCIA  
CARIBBEAN STORE, INC.  
1805 S.W. 87TH AVE.  
MIAMI, FL. 33174

ENC.