

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2003 8:00 am
Secretary of State

04-22-2003 90029 001 ***150.00

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DOCUMENT # P96000017369

1. Entity Name
CARIBBEAN HOTEL SERVICES, INC.



Principal Place of Business
~~5130 NO. FEDERAL HIGHWAY STE 3~~
~~FORT LAUDERDALE FL 33308~~

Mailing Address
~~5130 NO. FEDERAL HIGHWAY STE 3~~
~~FORT LAUDERDALE FL 33308~~

2. Principal Place of Business
10 NE 13th Street
Suite, Apt. #, etc.

3. Mailing Address
10 NE 13th Street
Suite, Apt. #, etc.

City & State
Delray Beach, FL
Zip
33444
Country
Palm Beach

City & State
Delray Beach, FL
Zip
33444
Country
Palm Beach

4. FEI Number
65-0754476

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
GRABOWSKI, DAVID L
~~5130 NO. FEDERAL HIGHWAY STE 3~~
~~FORT LAUDERDALE FL 33308~~

7. Name and Address of New Registered Agent
Name
GRABOWSKI, David L.
Street Address (P.O. Box Number is Not Acceptable)
10 NE 13th Street
City
Delray Beach FL Zip Code
33444

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 **David L. Grabowski** DATE **4/14/2003**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD GRABOWSKI, DAVID L 5130 NO. FEDERAL HIGHWAY STE 3 FORT LAUDERDALE FL 33308 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD CHRISTENSEN, SCOTT 5130 NO. FEDERAL HIGHWAY STE 3 FORT LAUDERDALE FL 33308 <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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10 NE 13th Street Delray Beach, FL 33444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10 NE 13th Street Delray Beach, FL 33444
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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, with all other like empowered.

SIGNATURE: **David L. Grabowski** DATE **4/14/2003** DAYTIME PHONE **561-272-7620**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)