1 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State
05-18-2001 91583 002 ***150.00

DOCUMENT # P96000052960

Name
Caribbean Village Shops
8190S Overseaves Hwy, Islamorada, FL 33036

Place of Business	Mailing Address
Caribbean Village Shops	86729 Old Hwy Islamorada, FL 33036

A0070199

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Caribbean Village Shops	Caribbean Village Shop
Apt. #, etc. 8190S Overseas Hwy	Suite, Apt. #, etc. 86729 Old Hwy
City & State Islamorada, FL 33036	City & State Islamorada, FL 33036
33036 Country USA	Zip 33036 Country USA

4. FEI Number 65-0674571 ☐ 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
John P. Maas, Esquire 590 English Ave Homestead, FL 33030	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐ (see criteria on back)

[redacted] For MAY 1, 2001 Fee will be $550.00

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
	President Tom A. Vellanti 86729 Old Hwy Islamorada, FL 33036 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	Vice President Dennis J. Berry 86729 Old Hwy Islamorada FL 33036 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	Secretary Maria E. Berry 86729 Old Hwy Islamorada, FL 33036 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	Tresures Velia G. Vellanti 86729 Old Hwy Islamorada, FL 33036 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Maria E. Berry
SIGNATURE OF SIGNING OFFICER OR DIRECTOR

4/30/01
Date

305-852-0511
Daytime Phone #