

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90082 026 ***150.00

DOCUMENT # P96000063105

1. Entity Name

CARIBBEAN MARKETING LINKAGES, INC.

Principal Place of Business

Mailing Address

3629 HARLANO ST 3629 HARLANO ST.
CORAL GABLES FL. 33134 CORAL GABLES FL 33134

2. Principal Place of Business

3. Mailing Address

2368 SW 21 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI FL

City & State

4. FEI Number

65-0685597

Applied For

Not Applicable

Zip

33145

Country

Zip

Country

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

ALEXANDER, BRUCE
9200 SO. DADELAND BLVD. STE 515
MIAMI, FL. 33156

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, 2000 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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BETANCOURT, RENEE 3629 HARLANO ST. CORAL GABLES FL 33134 <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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Renée Betancourt*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RENEE BETANCOURT

PRES

Date

Daytime Phone #

CR2E034 (9/99)