FILED
Jun 13, 2002 8:00 am
Secretary of State
05-14-2002 90073 001 ***750.00

- 35366

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000069647

1. Entity Name
Caribbean Style Inc. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
9300 NW 25 ST	9300 NW 25 ST
Suite, Apt. #, etc. SUITE 208	Suite, Apt. #, etc. SUITE 208
City & State MIAMI, FL	City & State MIAMI, FL
Zip 33172 Country USA	Zip 33172 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0132582 ☒ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name GUSTAVO A. VILLOLDO

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

9300 NW 25 ST SUITE 208

City MIAMI FL Zip Code 33172

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 X GUSTAVO A. VILLOLDO 050102
Signature, type or print name of registered agent and title if applicable; (NOTE: Registered Agent signature required when marked) DATE

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

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D GUSTAVO A. VILLOLDO 9300 NW 25 ST STE 208. MIAMI, FL 33172
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D RAUL LLANERAS 9300 NW 25 ST STE 208. MIAMI, FL 33172
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CR2E064B (1/2001)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: X GUSTAVO A. VILLOLDO 050102 786 331-9595
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #