2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000100638

1. Entity Name

CARIBBEAN FOOD STORE, INC.

FILED
Jul 18, 2000 8:00 am
Secretary of State
07-18-2000 90008 048 ***150.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
5192 GOLDEN GATE PKWY #A NAPLES FL 34116 US	P.O. BOX 10523 NAPLES FL 34101

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3422668 ☐ 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
SAINT PAUL, JOSEPH R 4495 26TH PL SW NAPLES FL 34116	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 $550.00
After SEPTEMBER 13, 2000 Min. will be $750.00
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	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SAINT PAUL, JOSEPH R	NAME	
STREET ADDRESS	5192 GOLDEN GATE PARKWAY, #A	STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34116	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SAINT PAUL, BRENNELIES	NAME	
STREET ADDRESS	5192 GOLDEN GATE PARKWAY, #A	STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34116	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (5/00)

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: Joseph Saint Paul 7/10/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

P96000100638 A00001803

CARIBBEAN FOOD STORE INC.
5192GOLDEN GATE PKWY.
Naples, FL 34116
Tel (941) 352-9199
Fax (941) 352-8085

Florida, Department of State
Division of corporations
Uniform Business Report Filings
P.o. Box 1500
Tallahassee, FL 3302-1500

To Whom It May Concern:

The purpose of writing this letter to say that I never receive this bill before. But I just receive a letter that's say this is our second notice. Maybe this is some kind of mistake.

Sincerely yours

JOSEPH R SAINT PAUL

Joseph R Saint Paul

7/10/00