

# 2001 UNIFORM BUSINESS REPORT (UBR)

192

**DOCUMENT #** P97000051415

**1. Entity Name**  
men Caribbean Wholesalers, Inc

FILED

01 NOV -9 AM 9:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
300004703023--1  
-12/03/01--01085--014  
\*\*\*\*150.00 \*\*\*\*150.00

**Principal Place of Business**  
1550 NW 96 AVE  
Miami, FL 33172

**Mailing Address**  
1550 NW 96 AVE  
Miami, FL 33172

**2. Principal Place of Business**  
Same

**3. Mailing Address**  
Same

Suite, Apt. #, etc.

**City & State**  
Miami, FL

**City & State**  
Miami, FL

**Zip**  
33172

**Country**  
USA

**Zip**  
33172

**Country**  
USA

**4. FEI Number**  
65-0760422

**Applied For**  
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
Natalia Izquierdo  
1550 NW 96 AVE  
Miami, FL 33172

**7. Name and Address of New Registered Agent**

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, 2001 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**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Natalia Izquierdo 9970 NW 27th Ave Miami, FL 33172	<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
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

**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:** Natalia Izquierdo 4-15-01 305-994-7911  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (11/00)

202

November 6, 2001

Uniform Business Report  
Division of Corporations  
PO Box 6327  
Tallahassee, Fl 32314

To whom it may concern:

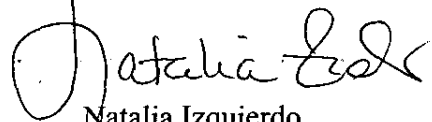
Enclosed please find the 2001 Uniform Business Report for M & N Caribbean Wholesalers, Inc., EIN 65-0760422.

Since the original report was returned to you as undeliverable, I have enclosed a copy of the form with the information along with a check for \$150.00.

Should you have any questions, please contact me at (305) 994-7911.

Thanking you in advance.

I remain,  
M & N Caribbean Wholesalers, Inc.

  
Natalia Izquierdo  
President