

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90034 015 ***150.00

DOCUMENT # P97000108452

1. Entity Name
CARIBBEAN 2000, INC.

Principal Place of Business
710 EXECUTIVE CENTER DR.
12-34
WEST PALM BEACH FL 33401

Mailing Address
710 EXECUTIVE CENTER DR.
12-34
WEST PALM BEACH FL 33410

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4377 WOODSTOCK DR #B
 Suite, Apt. #, etc.

3. Mailing Address
4377 WOODSTOCK DR #B
 Suite, Apt. #, etc.

City & State
WEST PALM BEACH FLA.
 Zip
33409
 Country
U.S.

4. FEI Number **65-0802461**
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MULLIN, JAMES G
2263 N.W. BOCA RATON BLVD., #205
BOCA RATON FL 33431

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, 2002 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 **D** ☐ Delete
 NAME **SMITH, FRANK**
 STREET ADDRESS **710 EXECUTIVE CENTER DR., #12-31**
 CITY-ST-ZIP **WEST PALM BEACH FL 33410**

TITLE **D** ☐ Delete
 NAME **SMITH, JACQUELINE**
 STREET ADDRESS **710 EXECUTIVE CENTER DR., #12-31**
 CITY-ST-ZIP **WEST PALM BEACH FL 33410**

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **Frank Smith**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-23-02 (S61) 686-1486
 Date Daytime Phone #

CR2E034 (9/01)