

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000015680

1. Entity Name

CARIBBEAN TEXTILE MANAGEMENT, INC.

**FILED**  
**May 19, 2000 8:00 am**  
**Secretary of State**

05-19-2000 90180 005 \*\*\*150.00

Principal Place of Business

Mailing Address

3501 S.W. 8TH STREET  
SUITE 211  
MIAMI FL 33135

3501 S.W. 8TH STREET  
SUITE 211  
MIAMI FL 33135-4139

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0862045

Applied For

Not Applicable

Zip

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

GORRIZ, DOMINGO  
3501 S.W. 8TH STREET  
SUITE 211  
MIAMI FL 33135

Name

Susana Skrande

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

8065 Los Pinos Circle

City

Coral Gables

FL

Zip Code

33143

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

*Susana Skrande* Susana Skrande - President

4/28/00

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSD  
SKRANDE, SUSANA  
8065 LOS PINOS CIRCLE  
CORAL GABLES FL 33143-6418 ☐ Delete

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

TITLE  
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CITY-ST-ZIP  
☐ Change ☐ 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:

*Susana Skrande* - Susana Skrande

4/28/00

Date

667-0137

Daytime Phone #