

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000037424

1. Entity Name

EXOTIC CARIBBEING TOURS, INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90013 014 ***158.75

Principal Place of Business

1158 UNIVERSITY DR
CORAL SPRINGS FL

Mailing Address

1158 UNIVERSITY DR
CORAL SPRINGS FL 33071-8318

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

65-0842324

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

TRIOLET, PATRICIA
10715 SW 190TH ST
MIAMI FL 33157

Name

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

2580 NW 106 Ave

City

Coral Springs

FL

Zip Code

33065

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, 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 **P** ☐ Delete
NAME **TRIOLET-RODRIGUEZ, PATRICIA**
STREET ADDRESS **10769 SW 225 TERR**
CITY-ST-ZIP **MIAMI FL 33170**

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

TITLE **V** ☐ Delete
NAME **RODRIGUEZ, DARIEN F**
STREET ADDRESS **10769 SW 225 TERR**
CITY-ST-ZIP **MIAMI FL 33170**

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

TITLE **ST** ☐ Delete
NAME **GAMBINO, GILBERT**
STREET ADDRESS **10715 SW 190TH ST**
CITY-ST-ZIP **MIAMI FL 33157**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 attached report with an address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATRICIA TRIOLET Rodriguez

Date

4/5/00 954-755-5488

Daytime Phone #

CR2E034 (9/99)