

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

05-29-2002 90724 038 \*\*\*150.00

**DOCUMENT # P98000037424**

1. Entity Name  
**EXOTIC CARIBBEING TOURS, INC.**

Principal Place of Business

1158 UNIVERSITY DR  
 CORAL SPRINGS FL

Mailing Address

1158 UNIVERSITY DR  
 CORAL SPRINGS FL

80122461



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

600 N. University Dr.  
 Suite, Apt. #, etc.

3. Mailing Address

600 N. University Dr.  
 Suite, Apt. #, etc.

City & State

Coral Springs, FL

City & State

Coral Springs, FL

4. FEI Number

65-0842324

Applied For

Not Applicable

Zip

33071

Country

USA

Zip

33071

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TRIOLET, PATRICIA  
 2580 N.W. 106 AVENUE  
 CORAL SPRINGS FL 33065

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

*Patricia Triplet*

(NOTE: Registered Agent signature required when reinstating)

DATE

5/17/02

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	P	<input type="checkbox"/> Delete
NAME	TRIOLET-RODRIGUEZ, PATRICIA	
STREET ADDRESS	10769 SW 225 TERR	
CITY-ST-ZIP	MIAMI FL 33170	
TITLE	V	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, DARIEN F	
STREET ADDRESS	10769 SW 225 TERR	
CITY-ST-ZIP	MIAMI FL 33170	
TITLE	ST	<input type="checkbox"/> Delete
NAME	GAMBINO, GILBERT	
STREET ADDRESS	10715 SW 190TH ST	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 attachment with an address, with all other like empowered.

SIGNATURE

*Patricia Triplet*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/17/02 934-755-5488  
 Date Daytime Phone #

CR2E034 (9/01)