

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2003 8:00 am**  
**Secretary of State**

04-02-2003 90099 009 \*\*\*150.00

DOCUMENT # P98000042201



1. Entity Name  
CARIBBEAN PURCHASING, INC.

Principal Place of Business

~~7025 NW 85 ST~~  
~~MIAMI FL 33122~~

Mailing Address

~~7325 NW 85 ST~~  
~~MIAMI FL 33122~~

2. Principal Place of Business

555 NE 15 ST

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite 100

Suite, Apt. #, etc.

City & State

Miami Fla.

City & State

Zip

33122

Country

USA

Zip

Country

4. FEI Number

65-0847075

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

RITTER, JOHN A  
555 NE 15TH STREET #100  
MIAMI FL 33132

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DS  
NAME JOHNSON, STEVE  
STREET ADDRESS 9165 PARK DR  
CITY-ST-ZIP MIAMI SHORES FL 33138 ☒ Delete

TITLE PD  
NAME WHELPTON, PETER  
STREET ADDRESS 18390 SW 82 AVENUE  
CITY-ST-ZIP MIAMI FL 33157 ☒ Delete

TITLE P/D  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME David McKibbin  
STREET ADDRESS Suite 150, 15 St  
CITY-ST-ZIP Miami, Fla. 33132 ☒ Change ☐ Addition

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

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/03

Date

(204) 372-0930

Daytime Phone #

CR2E034 (10/02)