

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000099554

1. Entity Name

CARIBE LATINO TRADE, INC.

FILED

May 11, 2000 8:00 am  
Secretary of State

05-11-2000 90302 002 \*\*\*150.00

Principal Place of Business

Mailing Address

8520 S.W. 133RD AVENUE ROAD #116  
MIAMI FL 33183

8520 S.W. 133RD AVENUE ROAD #116  
MIAMI FL 33183-4590

2. Principal Place of Business

3. Mailing Address

8520 S.W. 133RD AVE. RD.

8520 S.W. 133 AVE. RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

APT. #116

APT. #116

City & State

City & State

MIAMI, FL

MIAMI, FL

Zip 33183

Country USA

Zip 33183

Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0883708

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

HASAN, ISRARUL

8520 S.W. 133RD AVENUE ROAD #116  
MIAMI FL 33183

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.

N.A.

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 PD  
NAME HASAN, ISRARUL  
STREET ADDRESS 8520 S.W. 133RD AVENUE ROAD #116  
CITY-ST-ZIP MIAMI FL 33183

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/2000

Date

305-408-7887  
305-228-3711

Daytime Phone #

CR2E034 (9/99)