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2002 Uniform Business Report (UBR)

Apr 01, 2002 8:00 am Secretary of State P98000099554 DOCUMENT # 1. Entity Name 04-01-2002 90168 003 ***150.00 CARIBE LATINO TRADE, INC. Principal Place of Business Mailing Address 8520 S.W. 133RD AVENUE ROAD 8520 S.W. 133RD AVENUE ROAD APT #116 APT #116 MIAMI FL 33183 MIAMI FL 33183 2. Principal Place of Business 3. Mailing Address 8520 S.W., 133 AVE.RD 8520 SW, 133 AVE. RD. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Apt. #116 Apt. #116 City & State City & State 4. FEI Number Applied For 65-0883708 Miami, Florida Not Applicable Miami, Country ^{Zip} 33183 \$8.75 Additional 5. Certificate of Status Desired USA 33183 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ووقا الماريون والمحا HASAN, ISRARUL Street Address (P.O. Box Number is Not Acceptable) 8520 S.W. 133RD AVENUE ROAD #116 **MIAMI FL 33183** City Zio Code FL 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 it applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD TITLE Delete TITLE PD Change ☐ Addition CR2E034 (9/01 HASAN, ISRAHUL HASAN, ISRARUL 8520 S.W. 133RD AVE.RD. #116 NAME NAME 8520 S.W. 133RD AVENUE ROAD #116 STREET ADDRESS STREET ADDRESS MIAMI FL 33183 CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33183 TITLE ☐ Delete TITLE □ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete Addition TITLE TITLE Change NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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: