

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90165 016 ***150.00

DOCUMENT # P98000099554

1. Entity Name
CARIBE LATINO TRADE, INC.



Principal Place of Business
**8520 S.W. 133RD AVENUE ROAD
APT #116
MIAMI FL 33183**

Mailing Address
**8520 S.W. 133RD AVENUE ROAD
APT #116
MIAMI FL 33183**



2. Principal Place of Business
8520 SW, 133 AVENUE RD.

3. Mailing Address
8520 SW, 133 AVE RD.

Suite, Apt. #, etc.
APT. #116

Suite, Apt. #, etc.
APT. #116

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

Zip **33183** Country **USA**

Zip **33183** Country **USA**

☐ CHECK HERE IF MAKING CHANGES

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

**HASAN, ISRARUL
8520 S.W. 133RD AVENUE ROAD #116
MIAMI FL 33183**

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 | PD | <input type="checkbox"/> Delete |
| NAME | HASAN, ISRARUAL | |
| STREET ADDRESS | 8520 S.W. 133RD AVENUE ROAD #116 | |
| CITY-ST-ZIP | MIAMI FL 33183 | |
| 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 |
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| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|---------------------------------------|------------------------------------------------------------------------------|
| TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HASAN, ISRARUL | |
| STREET ADDRESS | 8520 SW, 133RD AVENUE RD. #116 | |
| CITY-ST-ZIP | MIAMI, FL 33183 | |
| 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 | | |

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: **ISRARUL HASAN** **2/14/03** **305-408-7887**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)