## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED Feb 08, 2001 8:00 am Secretary of State DOCUMENT # P98000100662 CARIBBEAN COCKTAIL COMPANY 02-08-2001 90170 030 \*\*\*150.00 Principal Place of Business Mailing Address 220 JASMINE STREET P.O. BOX 4633 TAVERNIER FL 33070 TEQUESTA FL 33469 2. Principal Place of Business 3. Mailing Address Golfvieu Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0880327 Teauesta Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Malm Beach Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Nāme GREENWOOD, GARY Street Address (P.O. Box Number is Not Acceptable) 184 GOLFVIEW DRIVE TEQUESTA FL 33469 City Zip Code 8. The above named of this submits his statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature e of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 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 TITLE ☐ Delete TITLE **Z** Change ☐ Addition GREENWOOD, GARY NAME NAME 184 Gottliew Dr. 167 BOUGAINVILLEA ST. STREET ADDRESS STREET ADDRESS Tequesta, FL 33469 CITY-ST-ZIP TAVERNIER FL 33070 CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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-7IP CITY-ST-ZIP TITLE ☐ Defete 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 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 frue 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 receiper or trustee empowered to execute his 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.

Greenwood 03-06-01