2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 14, 2001 8:00 am
Secretary of State
05-15-2001 90139 012 ***150.00

48632

DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000105602

1. Entity Name
CARIBBEAN PROCUREMENT AND CONSULTING, INC.

Principal Place of Business	Mailing Address
15476 NW 77TH CT. SUITE 425 MIAMI LAKES FL 33016	15476 NW 77TH CT. SUITE 425 MIAMI LAKES FL 33016

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 58-0165731 ☐ 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
THOMSON-WEEKES, IDA ~~17333 NW 51ST PLACE~~ MIAMI FL 33015	Name JEAN-LOUIS, ELIZABETH Street Address (P.O. Box Number is Not Acceptable) 1701 SW 86 TERRACE City MIRAMAR FL Zip Code 33025

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] DATE 6.8.01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PT WEEKEY, CLINTON 17333 NW 61 PL MIAMI FL 33015	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT WEEKES, CLINTON 17333 NW 61 PL MIAMI, FL 33015	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPS THOMSON-WEEKEY, IDA 17333 NW 61 PL MIAMI FL 33015	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPS JEAN-LOUIS, ELIZABETH 1701 SW 86 TERRACE MIRAMAR, FL 33025	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/00)

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] 2/5/01 305-823-4448
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #