2000 UNIFORM BUSINESS REPORT (UBR) FILED May 10, 2000 8:00 am Secretary of State DOCUMENT # P99000044791 1. Entity Name CARIBBEAN ENTERPRISES, INC. 05-10-2000 90110 009 ***150.00 Principal Place of Business . Mailing Address P.O. Box 1606 3102 S.W. Buena Vista Blvd. ママジまびけ Palm City, Palm City, Fl. 34990 F1.34991 2. Principal Place of Business 3. Mailing Address 3102 S.W. Buena Vista P.O. Box 1606 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State
Palm City Applied For 4. FEI Number Palm City Not Applicable Country Martin \$8.75 Additional Country 習 34991 34990 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent. 7. Name and Address of New Registered Agent <u>Beryl Crooks</u> Donald Reisman Street Address (P.O. Box Number is Not Acceptable) 3102 S.W. Buena Vista Blvd. Palm City Zip Code 34990 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. FILE NOW!!! FEE IS \$150.00 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Addition TITLE XX Delete President President NAME Beryl Crooks Donald Reisman STREET ADDRESS STREET ADDRESS 2524-1 S.E. Federal Hwy. 3102 Schey Buena Wista Blvd. CITY-ST-ZIP CITY-ST-ZIP Stuart, F1.34994 ☐ Delete ☐ Change TITLE Vice Chairman Vice Preident NAME NAME Tracey-Ann Crooks Tracey-Ann Crooks STREET ADDRESS STREET ADDRESS 3102 S.W. Buena Vista Blvd. 3102 S.W. Buena Vista Blygo Pa CITY-S7-7IP mity-St-ZIP Palm_City,_F1.34990 ___ Change TITLE TITLE" Secretary Secretary NAME NAME Neil M. Crooks Neil Crooks STREET ADDRESS STREET ADDRESS 3102 S.W. Buena Vista Blvd. Blo2 SiW, Buena48jata Blvd. CITY-ST-ZIP CITY-ST-ZIP Palm City, Fl.34990 ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE □ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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.

CITY-ST-ZIP

SIGNATURE: Suy County BENYL CROCKS 4/24/00 561-597-4461