2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 03, 2000 8:00 am
Secretary of State

07-10-2000 90016 016 ***150.00
08-03-2000 90001 031 ***400.00

[redacted]

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000051360 R

Entity Name CARIBIAN TRADING CORP.
361 S. Redland Road
Florida City, Fl. 33034 R

Principal Place of Business
361 S. Redland Road
Florida City, Fl. 33034

Mailing Address
Same Address.-

Principal Place of Business		3. Mailing Address	
361 S. Redland Road		361 S. Redland Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Florida City, Florida		City & State: Florida City, Florida	
Zip: 33034	Country: USA	Zip: 33034	Country: USA

4. FEI Number 65-0926759 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Orlando Rodriguez
361 S. Redland Road
Florida City, Florida

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 ______ DATE ______

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

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, 2000 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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
President/Director RODRIGUEZ, Orlando 361 S. Redland Road Florida City,Fl. 33034	☐ 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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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] Orlando Rodriguez President/Director 06-21-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #: 305-247-7045