

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 01, 2000 08:00 AM
Secretary of State

DOCUMENT # P99000083953

1. Entity Name

CARIBBEAN PURCHASING EXCHANGE, INC.

Principal Place of Business

10530 NW 26TH ST., SUITE F-107

MIAMI
33172

FL

Mailing Address

10530 NW 26TH ST., SUITE F-107

MIAMI
33172

FL

2. Principal Place of Business

1550 NW 96 AVE

3. Mailing Address

1550 NW 96 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI

FL

City & State

MIAMI

FL

4. FEI Number

65-0961747

Applied For

Not Applicable

Zip
33172

Country
US

Zip
33172

Country
US

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

IZQUIERDO NATALIA B
9970 NW 27TH TERR.

MIAMI
33172

FL

US

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

05/01/2000

DATE

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, 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

11. OFFICERS AND DIRECTORS

TITLE
NAME STD ☐ Delete
GARCIA HECTOR
STREET ADDRESS 1755 WASHINGTON AVE., APT. 3A
CITY-ST-ZIP MIAMI FL 33139

TITLE
NAME VD ☐ Delete
PAS TOM
STREET ADDRESS 10221 NW 57TH ST.
CITY-ST-ZIP MIAMI FL 33178

TITLE
NAME PD ☐ Delete
IZQUIERDO NATALIA B
STREET ADDRESS 9970 NW 27TH TERR.
CITY-ST-ZIP MIAMI FL 33172

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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: Natalia B Izquierdo

RD 05/01/2000