2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000085518

1. Entity Name

CARIBBEAN MINI MARKET, INC.

Principal Piace of Business Mailing Address 6700 SILVER STAR ROAD 6700 SILVER STAR ROAD ORLANDO FL 32818 ORLANDO FL 32818 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3600988 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. 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, 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 TIT! F Addition NAME BAKSH, HEMALA NAME STREET ADDRESS 6700 SILVER STAR ROAD STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32818 CITY-ST-ZIP VTD TITLE 🗶 Delete ☐ Change ☐ Addition AMEERALLY, SALIM A NAME STREET ADDRESS 6700 SILVER STAR ROAD STREET ADDRESS CITY-ST-7iP ORLANDO FL 32818 CITY-\$T-ZIP SD ☐ Delete TITLE Change Addition AMEERALLY, LAKHMATI NAME STREET ADDRESS 6700 SILVER STAR ROAD STREET ADDRESS CITY - ST - ZIP CITY-ST-7IP ORLANDO FL 32818 TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7I2 CITY-ST-ZIP ☐ Delete TIFLE Change Addition NAME NAM[©] STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TIT! F ☐ Change Addition

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.

STREET ADDRESS CITY-ST-ZIP

NAME

SIGNATURE: Jekanat bulla

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

NAME

STREET ADDRESS

1/16/01

407-292-4699

Daytime Priene #

Feb 28, 2001 8:00 am Secretary of State

02-28-2001 90079 038 ***150.00

CR2E034 (10/00