

2000 UNIFORM BUSINESS REPORT (URB)

DOCUMENT # P99000088362

1. Entity Name

Caribbean Gourmet Delights, Inc.

Principal Place of Business

Mailing Address

2. Principal Place of Business

2835 Military Trail

3. Mailing Address

2835 Military Trail

Suite, Apt. #, etc.

Bay - E

Suite, Apt. #, etc.

Bay - E

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

Zip

33417

Country

USA

Zip

33417

Country

USA

4. FEI Number

65-0953375

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 Current Registered Agent

Name Gary N. Gerson, Esquire

Street Address 10645 Palm Beach Lakes Blvd.

Suite 1200

City

West Palm Beach

FL

Zip Code

33401

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 (applicable)

(Note: registered Agent signature required when reappointing)

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 ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D/P/S/T
NAME Carlton Davis
STREET ADDRESS 2835 Military Trail
CITY-ST-ZIP West Palm Beach, FL 33417

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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.

SIGNATURE

SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

00 NOV -9 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

11/8/00

11/8/00

561-687-5395

P99000088362

2052

NASON, YEAGER, GERSON, WHITE & LIOCE, P.A.

ATTORNEYS AT LAW

MELLON UNITED NATIONAL BANK TOWER

1645 PALM BEACH LAKES BOULEVARD

SUITE 1200

WEST PALM BEACH, FLORIDA 33401

SHARON A. CASUCCI
Legal Assistant

TELEPHONE (561) 686-3307

FACSIMILE (561) 686-5442

DIRECT DIAL:
(561) 471-3530

E-MAIL ADDRESS:
scasucci@nasonyeager.com

November 9, 2000

Secretary of State
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

RE: Corporate Reinstatement, Caribbean Gourmet Delights
Our File Number: 5971/12810

Dear Sirs:

Per our conversation on September 27, 2000, thank you for agreeing to reinstate the above-referenced corporation for \$150.00. The original Annual Report form was returned to your office due to a business relocation. The new address for the corporation is on the enclosed reinstatement forms, along with a check for \$150.00.

If you have any questions regarding the enclosed documentation, please feel free to call me at (561)471-3530 or (561)686-3307.

Thank you for your assistance.

Very truly yours,

NASON, YEAGER, GERSON, WHITE
& LIOCE, P.A.

Sharon A. Casucci
Legal Assistant

Enclosures

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