

2000 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED

Jul 05, 2000 8:00 am
Secretary of State

05-19-2000 90019 011 ***150.00

DOCUMENT # P99000102603

1. Entity Name

CARNIVAL CARIBBEAN GOURMET FOODS CO. *R*

Principal Place of Business

Mailing Address

835 N.E. 92 STREET
MIAMI SHORES FL 33138

835 N.E. 92 STREET
MIAMI SHORES FL 33138

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

(FISCAL)

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 New Registered Agent

LANGTON, ENRIQUE
835 N.E. 92 STREET
MIAMI SHORES FL 33138

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)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D LANGTON, ENRIQUE**
STREET ADDRESS **835 N.E. 92 STREET**
CITY-ST-ZIP **MIAMI SHORES FL 33138**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: *Enrique Langton* **ENRIQUE LANGTON**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 29, 2000 **805 652 4315**
Date Daytime Phone #

CR20034 (9/99)

P99000102603

30'1271



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

May 31, 2000

CARNIVAL CARIBBEAN GOURMET FOODS CO.
835 N.E. 92 STREET
MIAMI SHORES, FL 33138

Subject: CARNIVAL CARIBBEAN GOURMET FOODS CO.

Reference Number: P99000102603

Please be advised, we have received your annual report/uniform business report for the above corporation and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO THIS OFFICE WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/II

ANNUAL REPORTS SECTION

6/24/00 PHONED PRS -
AS THIS IS AN INACTIVE CORP - NO EMPLOYEES
& FILED ONLY TO PROTECT NAME, THEY TOLD ME
FEI # NOT NEEDED
THANK YOU
EJ

WWW.SCHIRZURL