

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2003 8:00 am**  
**Secretary of State**

02-13-2003 90274 043 \*\*\*158.75

**DOCUMENT # P99000110384**

1. Entity Name  
**CARIBBEAN PRODUCTS INTERNATIONAL, INC.**



Principal Place of Business  
**1882 - 90 N.W. 82 AVE.  
MIAMI FL 33122**

Mailing Address  
**1882 - 90 N.W. 82 AVE.  
MIAMI FL 33122**



2. Principal Place of Business  
**1890 NW 82 Ave**

Suite, Apt. #, etc.  
**Suite 111**

City & State  
**Miami, FL**

Zip  
**33126**

Country  
**USA**

3. Mailing Address  
**1890 NW 82 Ave**

Suite, Apt. #, etc.  
**Suite 111**

City & State  
**Miami, FL**

Zip  
**33126**

Country  
**USA**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0988234**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PALACIO, JORGE J  
10300 SUNSET DRIVE  
SUITE 400  
MIAMI FL 33173**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	STD	<input type="checkbox"/> Delete
NAME	MENICUCCI, LOURDES GUZMAN D	
STREET ADDRESS	1882 - 90 N.W. 82 AVE.	
CITY-ST-ZIP	MIAMI FL 33122	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MENICUCCI, GIOVANNI O	
STREET ADDRESS	1882 - 90 N.W. 82 AVE.	
CITY-ST-ZIP	MIAMI FL 33122	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MENICUCCI, GINA	
STREET ADDRESS	1882-90 NW 82 AVE.	
CITY-ST-ZIP	MIAMI FL 33122	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1890 NW 82 Ave, Suite 111	
CITY-ST-ZIP	Miami, FL 33126	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1890 NW 82 Ave, Suite 111	
CITY-ST-ZIP	Miami, FL 33126	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **X**

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**X**

Date

**X**

Daytime Phone #

CR2E034 (10/02)