

Fill in this information to identify your case:

United States Bankruptcy Court for the:

DISTRICT OF PUERTO RICO

Case number (if known) Chapter 11

Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

4/16

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, Instructions for Bankruptcy Forms for Non-Individuals, is available.

1. Debtor's name CARIBBEAN FLEET WASH SERVICES INC

2. All other names debtor used in the last 8 years DBA CARIBE FLEET WASH
Include any assumed names, trade names and doing business as names

3. Debtor's federal Employer Identification Number (EIN) 66-0701749

4. Debtor's address Principal place of business Mailing address, if different from principal place of business
CARR 21 KM 3.2 ESQUINA BULON LOCAL 4 BO MONACILLOS SAN JUAN, PR 00921
Number, Street, City, State & ZIP Code
San Juan County
PO BOX 1097 BAYAMON, PR 00960
P.O. Box, Number, Street, City, State & ZIP Code
Location of principal assets, if different from principal place of business
Carr 21 Km 3.2 Esquina Bulon Local 4 Bo. Monacillos San Juan, PR 00921
Number, Street, City, State & ZIP Code

5. Debtor's website (URL)

6. Type of debtor
Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))
Partnership (excluding LLP)
Other. Specify:

Debtor **CARIBBEAN FLEET WASH SERVICES INC**
Name

Case number (if known)

7. Describe debtor's business

A. Check one:

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
- Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- Railroad (as defined in 11 U.S.C. § 101(44))
- Stockbroker (as defined in 11 U.S.C. § 101(53A))
- Commodity Broker (as defined in 11 U.S.C. § 101(6))
- Clearing Bank (as defined in 11 U.S.C. § 781(3))
- None of the above

B. Check all that apply

- Tax-exempt entity (as described in 26 U.S.C. §501)
- Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.
See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

8. Under which chapter of the Bankruptcy Code is the debtor filing?

Check one:

- Chapter 7
- Chapter 9

Chapter 11. Check all that apply:

- Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).
- The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- A plan is being filed with this petition.
- Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

- No.
- Yes.

If more than 2 cases, attach a separate list.

District _____	When _____	Case number _____
District _____	When _____	Case number _____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

- No
- Yes.

List all cases. If more than 1, attach a separate list

Debtor _____	Relationship _____
District _____	When _____ Case number, if known _____

Debtor **CARIBBEAN FLEET WASH SERVICES INC**
Name

Case number (if known)

11. Why is the case filed in this district?

Check all that apply:

- Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

No

Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? _____

It needs to be physically secured or protected from the weather.

It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

Other _____

Where is the property? _____

Number, Street, City, State & ZIP Code

Is the property insured?

No

Yes. Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

- Funds will be available for distribution to unsecured creditors.
- After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors

- | | | |
|------------------------------------------|----------------------------------------|--------------------------------------------|
| <input checked="" type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000 |
| <input type="checkbox"/> 50-99 | <input type="checkbox"/> 5001-10,000 | <input type="checkbox"/> 50,001-100,000 |
| <input type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999 | | |

15. Estimated Assets

- | | | |
|----------------------------------------------------------|--------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> \$0 - \$50,000 | <input type="checkbox"/> \$1,000,001 - \$10 million | <input type="checkbox"/> \$500,000,001 - \$1 billion |
| <input checked="" type="checkbox"/> \$50,001 - \$100,000 | <input type="checkbox"/> \$10,000,001 - \$50 million | <input type="checkbox"/> \$1,000,000,001 - \$10 billion |
| <input type="checkbox"/> \$100,001 - \$500,000 | <input type="checkbox"/> \$50,000,001 - \$100 million | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> More than \$50 billion |

16. Estimated liabilities

- | | | |
|-----------------------------------------------------------|--------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> \$0 - \$50,000 | <input type="checkbox"/> \$1,000,001 - \$10 million | <input type="checkbox"/> \$500,000,001 - \$1 billion |
| <input type="checkbox"/> \$50,001 - \$100,000 | <input type="checkbox"/> \$10,000,001 - \$50 million | <input type="checkbox"/> \$1,000,000,001 - \$10 billion |
| <input checked="" type="checkbox"/> \$100,001 - \$500,000 | <input type="checkbox"/> \$50,000,001 - \$100 million | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> More than \$50 billion |

Debtor **CARIBBEAN FLEET WASH SERVICES INC**
Name

Case number (if known)

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature of authorized representative of debtor

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **May 3, 2017**
MM / DD / YYYY

X /s/ Marcelo Villena Lanzi
Signature of authorized representative of debtor

Title **President**

Marcelo Villena Lanzi
Printed name

18. Signature of attorney

X /s/ JUAN A SANTOS BERRIOS
Signature of attorney for debtor

Date **May 3, 2017**
MM / DD / YYYY

JUAN A SANTOS BERRIOS
Printed name

Santos-Berrios Law Offices, LLC
Firm name

PO Box 9102
Humacao, PR 00792-9102
Number, Street, City, State & ZIP Code

Contact phone **787-285-1001** Email address **santosberriosbk@gmail.com**

212506
Bar number and State

Fill in this information to identify the case:

Debtor name CARIBBEAN FLEET WASH SERVICES INC

United States Bankruptcy Court for the: DISTRICT OF PUERTO RICO

Case number (if known) _____

Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets—Real and Personal Property (Official Form 206A/B)
- Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)
- Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)
- Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G)
- Schedule H: Codebtors (Official Form 206H)
- Summary of Assets and Liabilities for Non-Individuals (Official Form 206Sum)
- Amended Schedule _____
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on May 3, 2017

X /s/ Marcelo Villena Lanzi
Signature of individual signing on behalf of debtor

Marcelo Villena Lanzi
Printed name

President
Position or relationship to debtor

Fill in this information to identify the case:

Debtor name **CARIBBEAN FLEET WASH SERVICES INC**

United States Bankruptcy Court for the: **DISTRICT OF PUERTO RICO**

Case number (if known): _____

Check if this is an amended filing

Official Form 204
Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders 12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
CHEMICAL SOLUTIONS LLC PO BOX 1496 CAGUAS, PR 00726		Supplier				\$1,766.20
MARMAR AUTO DETAILING INC PO BOX 1097 BAYAMON, PR 00960		Loans				\$25,140.57
MOTOPAC CORP PO BOX 364401 SAN JUAN, PR 00936		Supplier				\$1,448.22
MS DISTRIBUTORS LLC PO BOX 1070 BAYAMON, PR 00960		Supplier				\$590.95
MUNICIPIO AUTONOMO DE CAROLINA PO BOX 8 CAROLINA, PR 00986		Municipal IVU Tax Principal, interests, surcharges & penalties				\$226.92
MUNICIPIO AUTONOMO DE CAROLINA PO BOX 8 CAROLINA, PR 00986		Municipal IVU Tax Principal, interests, surcharges & penalties				\$23,457.51
MUNICIPIO AUTONOMO DE CAROLINA PO BOX 8 CAROLINA, PR 00986		Municipal IVU Tax Principal, interests, surcharges & penalties				\$15,571.16

Debtor **CARIBBEAN FLEET WASH SERVICES INC**
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
MUNICIPIO AUTONOMO DE CAROLINA PO BOX 8 CAROLINA, PR 00986		Municipal IVU Tax Principal, interests, surcharges & penalties				\$9,273.56
MUNICIPIO DE CAYEY DPTO DE RECAUDACIONES PO BOX 371330 CAYEY, PR 00737-1330		Municipal license tax ("Patente")				\$7,345.52
NATURAL SHOP DISTRIBUTORS LLC PO BOX 739 COROZAL, PR 00783		Supplier				\$487.92
PR DEPARTMENT OF TREASURY BANKRUPTCY SECTION (424-B) PO BOX 9024140 SAN JUAN, PR 00902-4140		Income Tax Penalties & Interest				\$18.04
PR DEPARTMENT OF TREASURY BANKRUPTCY SECTION (424-B) PO BOX 9024140 SAN JUAN, PR 00902-4140		Municipal IVU Tax Principal, interests, surcharges & penalties				\$26,972.95
UM DISTRIBUTOR INC PMB 487 PO BOX 6022 CAROLINA, PR 00984-6022		Supplier				\$25,008.87
UM DISTRIBUTOR INC PMB 487 PO BOX 6022 CAROLINA, PR 00984-6022		Supplier				\$15,648.57
US DEPT OF LABOR/WAGES AND HOUR DIVISION CARIBBEAN CINEMA BUILDING 1564 AVE MIRAMAR ARECIBO, PR 00612		Contingent Unliquidated Disputed				\$0.00

Fill in this information to identify the case:

Debtor name CARIBBEAN FLEET WASH SERVICES INC

United States Bankruptcy Court for the: DISTRICT OF PUERTO RICO

Case number (if known) _____

Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- Yes. Fill in all of the information below.

Fill in this information to identify the case:

Debtor name CARIBBEAN FLEET WASH SERVICES INC

United States Bankruptcy Court for the: DISTRICT OF PUERTO RICO

Case number (if known) _____

Check if this is an amended filing

Official Form 206E/F
Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

No. Go to Part 2.

Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount
2.1	Priority creditor's name and mailing address MUNICIPIO AUTONOMO DE CAROLINA PO BOX 8 CAROLINA, PR 00986	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$9,273.56 \$2,210.25
	Date or dates debt was incurred 8/2010 - 5/2016	Basis for the claim: Municipal IVU Tax Principal, interests, surcharges & penalties	
	Last 4 digits of account number 0067 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2	Priority creditor's name and mailing address MUNICIPIO AUTONOMO DE CAROLINA PO BOX 8 CAROLINA, PR 00986	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$15,571.16 \$5,833.20
	Date or dates debt was incurred 10/2010 - 5/2016	Basis for the claim: Municipal IVU Tax Principal, interests, surcharges & penalties	
	Last 4 digits of account number 0101 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor CARIBBEAN FLEET WASH SERVICES INC Case number (if known) _____

Name

2.3	Priority creditor's name and mailing address MUNICIPIO AUTONOMO DE CAROLINA PO BOX 8 CAROLINA, PR 00986	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$23,457.51</u>	<u>\$10,351.17</u>
Date or dates debt was incurred 8/2010 - 5/2016		Basis for the claim: Municipal IVU Tax Principal, interests, surcharges & penalties		
Last 4 digits of account number 0030 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.4	Priority creditor's name and mailing address MUNICIPIO AUTONOMO DE CAROLINA PO BOX 8 CAROLINA, PR 00986	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$226.92</u>	<u>\$20.06</u>
Date or dates debt was incurred 6/2016		Basis for the claim: Municipal IVU Tax Principal, interests, surcharges & penalties		
Last 4 digits of account number 0105 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.5	Priority creditor's name and mailing address MUNICIPIO DE CAYEY DPTO DE RECAUDACIONES PO BOX 371330 CAYEY, PR 00737-1330	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$7,345.52</u>	<u>\$5,853.12</u>
Date or dates debt was incurred 2011 - 2017		Basis for the claim: Municipal license tax ("Patente")		
Last 4 digits of account number 3536 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.6	Priority creditor's name and mailing address PR DEPARTMENT OF TREASURY BANKRUPTCY SECTION (424-B) PO BOX 9024140 SAN JUAN, PR 00902-4140	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$26,972.95</u>	<u>\$23,220.31</u>
Date or dates debt was incurred 1/2016 - 5/2016		Basis for the claim: Municipal IVU Tax Principal, interests, surcharges & penalties		
Last 4 digits of account number 7248 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **CARIBBEAN FLEET WASH SERVICES INC** Case number (if known)

2.7	Priority creditor's name and mailing address PR DEPARTMENT OF TREASURY BANKRUPTCY SECTION (424-B) PO BOX 9024140 SAN JUAN, PR 00902-4140	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$18.04	\$0.24
Date or dates debt was incurred 2017		Basis for the claim: Income Tax Penalties & Interest		
Last 4 digits of account number 1749 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.8	Priority creditor's name and mailing address US DEPT OF LABOR/WAGES AND HOUR DIVISION CARIBBEAN CINEMA BUILDING 1564 AVE MIRAMAR ARECIBO, PR 00612	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Unknown	\$0.00
Date or dates debt was incurred 2016		Basis for the claim:		
Last 4 digits of account number 0193 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

3.1	Nonpriority creditor's name and mailing address CHEMICAL SOLUTIONS LLC PO BOX 1496 CAGUAS, PR 00726	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,766.20	
Date(s) debt was incurred 2016 Last 4 digits of account number _		Basis for the claim: Supplier Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

3.2	Nonpriority creditor's name and mailing address MARCELO VILLENA LANZI PO BOX 1097 BAYAMON, PR 00960	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$74,311.93	
Date(s) debt was incurred 2011 - 2016 Last 4 digits of account number _		Basis for the claim: Loans Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

3.3	Nonpriority creditor's name and mailing address MARMAR AUTO DETAILING INC PO BOX 1097 BAYAMON, PR 00960	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$25,140.57	
Date(s) debt was incurred 2012 - 2016 Last 4 digits of account number _		Basis for the claim: Loans Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **CARIBBEAN FLEET WASH SERVICES INC** Case number (if known) _____

Name

3.4 Nonpriority creditor's name and mailing address **MOTOPAC CORP**
PO BOX 364401
SAN JUAN, PR 00936
 Date(s) debt was incurred 2015 - 2016
 Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$1,448.22**
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: Supplier
 Is the claim subject to offset? No Yes

3.5 Nonpriority creditor's name and mailing address **MS DISTRIBUTORS LLC**
PO BOX 1070
BAYAMON, PR 00960
 Date(s) debt was incurred 2016
 Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$590.95**
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: Supplier
 Is the claim subject to offset? No Yes

3.6 Nonpriority creditor's name and mailing address **NATURAL SHOP DISTRIBUTORS LLC**
PO BOX 739
COROZAL, PR 00783
 Date(s) debt was incurred 2015
 Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$487.92**
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: Supplier
 Is the claim subject to offset? No Yes

3.7 Nonpriority creditor's name and mailing address **UM DISTIBUTOR INC**
PMB 487
PO BOX 6022
CAROLINA, PR 00984-6022
 Date(s) debt was incurred 2016
 Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$25,008.87**
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: Supplier
 Is the claim subject to offset? No Yes

3.8 Nonpriority creditor's name and mailing address **UM DISTIBUTOR INC**
PMB 487
PO BOX 6022
CAROLINA, PR 00984-6022
 Date(s) debt was incurred 2016
 Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$15,648.57**
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: Supplier
 Is the claim subject to offset? No Yes

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1 DEPARTMENT OF JUSTICE FEDERAL LITIGATION DIIVISION PO BOX 9020192 SAN JUAN, PR 00902-0192	Line <u>2.6</u> <input type="checkbox"/> Not listed. Explain _____	—

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

	Total of claim amounts
5a. Total claims from Part 1	\$ <u>82,865.66</u>
5b. Total claims from Part 2	\$ <u>144,403.23</u>

Debtor **CARIBBEAN FLEET WASH SERVICES INC**
Name

Case number (if known)

5c. Total of Parts 1 and 2
Lines 5a + 5b = 5c.

5c.

\$ <u>227,268.89</u>

B2030 (Form 2030) (12/15)

United States Bankruptcy Court
District of Puerto Rico

In re CARIBBEAN FLEET WASH SERVICES INC

Debtor(s)

Case No. 17-

Chapter 11

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

Table with 2 columns: Description of compensation and Amount. Rows include: For legal services, I have agreed to accept (\$ 200.00 p/hr), Prior to the filing of this statement I have received (retainer) (\$ 10,000.00), and Balance Due.

2. The source of the compensation paid to me was:

[X] Debtor [] Other (specify):

3. The source of compensation to be paid to me is:

[X] Debtor [] Other (specify):

4. [X] I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

[] I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
d. [Other provisions as needed]

Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

May 3, 2017

Date

/s/ JUAN A SANTOS BERRIOS

JUAN A SANTOS BERRIOS

Signature of Attorney

Santos-Berrios Law Offices, LLC

PO Box 9102

Humacao, PR 00792-9102

787-285-1001 Fax: 787-285-8358

santosberriosbk@gmail.com

Name of law firm

**United States Bankruptcy Court
District of Puerto Rico**

In re **CARIBBEAN FLEET WASH SERVICES INC**

Debtor(s)

Case No.

Chapter

11

LIST OF EQUITY SECURITY HOLDERS

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
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-NONE-

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the **President** of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date **May 3, 2017**

Signature /s/ Marcelo Villena Lanzi
Marcelo Villena Lanzi

*Penalty for making a false statement of concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.*

**United States Bankruptcy Court
District of Puerto Rico**

In re CARIBBEAN FLEET WASH SERVICES INC Debtor(s) Case No. _____
Chapter 11

VERIFICATION OF CREDITOR MATRIX

I, the President of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: May 3, 2017

/s/ Marcelo Villena Lanzi
Marcelo Villena Lanzi/President
Signer/Title

CARIBBEAN FLEET WASH SERVICES INC MUNICIPIO DE CAYEY
PO BOX 1097 DPTO DE RECAUDACIONES
BAYAMON, PR 00960 PO BOX 371330
CAYEY, PR 00737-1330

JUAN A SANTOS BERRIOS NATURAL SHOP DISTRIBUTORS LLC
SANTOS-BERRIOS LAW OFFICES, LLC PO BOX 739
PO BOX 9102 COROZAL, PR 00783
HUMACAO, PR 00792-9102

CHEMICAL SOLUTIONS LLC PR DEPARTMENT OF TREASURY
PO BOX 1496 BANKRUPTCY SECTION (424-B)
CAGUAS, PR 00726 PO BOX 9024140
SAN JUAN, PR 00902-4140

DEPARTMENT OF JUSTICE UM DISTIBUTOR INC
FEDERAL LITIGATION DIIVISION PMB 487
PO BOX 9020192 PO BOX 6022
SAN JUAN, PR 00902-0192 CAROLINA, PR 00984-6022

MARCELO VILLENA LANZI US DEPT OF LABOR/WAGES AND HOUR DIVISION
PO BOX 1097 CARIBBEAN CINEMA BUILDING
BAYAMON, PR 00960 1564 AVE MIRAMAR
ARECIBO, PR 00612

MARMAR AUTO DETAILING INC
PO BOX 1097
BAYAMON, PR 00960

MOTOPAC CORP
PO BOX 364401
SAN JUAN, PR 00936

MS DISTRIBUTORS LLC
PO BOX 1070
BAYAMON, PR 00960

MUNICIPIO AUTONOMO DE CAROLINA
PO BOX 8
CAROLINA, PR 00986

**United States Bankruptcy Court
District of Puerto Rico**

In re **CARIBBEAN FLEET WASH SERVICES INC**

Debtor(s)

Case No. _____

Chapter **11**

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **CARIBBEAN FLEET WASH SERVICES INC** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

None [*Check if applicable*]

May 3, 2017

Date

/s/ JUAN A SANTOS BERRIOS

JUAN A SANTOS BERRIOS

Signature of Attorney or Litigant

Counsel for **CARIBBEAN FLEET WASH SERVICES INC**

Santos-Berrios Law Offices, LLC

PO Box 9102

Humacao, PR 00792-9102

787-285-1001 Fax:787-285-8358

santosberriosbk@gmail.com