2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000001371

1. Entity Name

CARIBE DEVELOPMENT, LTD.

FILED
00 MAY -8 PM 4:26
SECRETARY OF STATE

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
14260 S.W. 119 AVENUE MAIMI FL 33186	14260 S.W. 119 AVENUE MAIMI FL 33186-6023

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 65-0843659 APPLIED FOR ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MURAI, WALD, BIONDO & MORENO, P.A.
25 S.E. 2ND AVENUE, SUITE 900
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name: Caribe Development Corp
Street Address (P.O. Box Number is Not Acceptable): 14260 SW 119 Ave
City: Miami FL Zip Code: 33186

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] 4/13/00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record.	$942,000.78	10. Amount of Capital Contributions in FLORIDA to date.	942,000.78	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12.	GENERAL PARTNER INFORMATION	13.	ADDRESS CHANGES ONLY
DOCUMENT #	P98000043851	STREET ADDRESS	
NAME	CARIBE DEVELOPMENT CORP.		200003288702 6
STREET ADDRESS	14260 S.W. 119 AVENUE	CITY-ST-ZIP	-06/14/00--01054--018
CITY-ST-ZIP	MAIMI FL 33186		****526.25 ****526.25
DOCUMENT #		STREET ADDRESS	
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STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: SIGNATURE REQUIRED [signature] 4/13/00 (305) 233-6776
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #