2001 UNIFORM BUSINESS REPORT (UBR)

001349 AF

DOCUMENT # A98000001371

1. Entity Name

CARIBE DEVELOPMENT, LTD.

FILED
01 FEB 12 AM 10:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
11755 SW 90 St		11755 SW 90 St.	
Suite, Apt. #, etc. Suite 203		Suite, Apt. #, etc. Suite 203	
City & State Miami FL		City & State Miami FL	
Zip 33176	Country USA	Zip 33176	Country USA

4. FEI Number 65-0843659 ☐ 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
CARIBE DEVELOPMENT CORP. 14260 SW 119 AVENUE MIAMI FL 33186	Name Street Address (P.O. Box Number is Not Acceptable) 11755 SW 90 St. Suite 203 City Miami FL Zip Code 33176

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 ______________________ 1-23-01
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.	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 # NAME STREET ADDRESS CITY-ST-ZIP	P98000043851 CARIBE DEVELOPMENT CORP. 14260 S.W. 119 AVENUE MAIMI FL 33186	STREET ADDRESS CITY-ST-ZIP	
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CR2E003 (11/00)

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 1-23-01 305-233-6776
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #