

2001 UNIFORM BUSINESS REPORT (UBR)

0013489 AF

DOCUMENT # A98000001371

1. Entity Name
CARIBE DEVELOPMENT, LTD.

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

Mailing Address
**14260 S.W. 119 AVENUE
MAIMI FL 33186**

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



2. Principal Place of Business
**11755 SW 90 St
Suite 203
Miami FL
33176 USA**

3. Mailing Address
**11755 SW 90 St
Suite 203
Miami FL
33176 USA**

DO NOT WRITE IN THIS SPACE

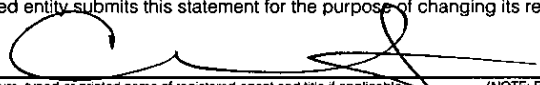
4. FEI Number **65-0843659** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent
**CARIBE DEVELOPMENT CORP.
14260 SW 119 AVENUE
MAIMI FL 33186**

7. Name and Address of New Registered Agent
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  DATE **1-23-01**
(NOTE: Registered Agent signature required when reinstating)

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

DOCUMENT #	P98000043851
NAME	CARIBE DEVELOPMENT CORP.
STREET ADDRESS	14260 S.W. 119 AVENUE
CITY-ST-ZIP	MAIMI FL 33186
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	6000003656666-3
CITY-ST-ZIP	-02/07/01--01098--005 ***676.25 ***526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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:  DATE **1-23-01** Daytime Phone # **305-233-6776**

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (11/00)