

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L29101**

1. Entity Name
CARIBE RENTALS CORP.

FILED
May 07, 2000 8:00 am
Secretary of State

05-07-2000 90035 012 ***150.00

Principal Place of Business 14260 SW 119 AVE MIAMI FL 33186-6110 US	Mailing Address 14260 SW 119 AE MIAMI FL 33186-6023 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number 59-2987250	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

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

6. Name and Address of Current Registered Agent
**MARTINEZ, EMILIO F.
725 VILABELLA AVE
CORAL GABLES FL 33146**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	ST	<input type="checkbox"/> Delete
NAME	MARTINEZ, EMILIO F.	
STREET ADDRESS	14260 SW 119 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	MARTINEZ, CARLOS E.	
STREET ADDRESS	14260 SW 119 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MARTINEZ, RAUL A.	
STREET ADDRESS	14260 SW 119 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MARTINEZ, EMILIO J.	
STREET ADDRESS	14260 SW 119 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MARTINEZ, MARIANA	
STREET ADDRESS	14260 SW 119 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
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		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** **4/13/00 (306) 233-6776**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)