

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90028 028 ***150.00

DOCUMENT # **L29101**

1. Entity Name
CARIBE RENTALS CORP.

Principal Place of Business
11755 SW 90 STREET
SUITE 203
MIAMI FL 33176
US

Mailing Address
11755 SW 90 STREET
SUITE 203
MIAMI FL 33176
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
11755 SW 90th STREET

3. Mailing Address
11755 SW 90th STREET

Suite, Apt. #, etc.
SUITE 210

Suite, Apt. #, etc.
SUITE 210

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number **59-2987250**

Applied For
 Not Applicable

Zip
33186

Country
USA

Zip
33186

Country
USA

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

6. Name and Address of Current Registered Agent

MARTINEZ, CARLOS E.
11755 SW 90 STREET SUITE 203
MIAMI FL 33176

7. Name and Address of New Registered Agent

Name
MARTINEZ CARLOS E.
 Street Address (P.O. Box Number is Not Acceptable)
11755 SW 90th STREET SUITE 210
 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

(NOTE: Registered Agent signature required when reinstating)

3/8/02

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	ST MARTINEZ, EMILIO F. 14260 SW 119 AVE MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARTINEZ, CARLOS E. 14260 SW 119 AVE MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARTINEZ, RAUL A. 14260 SW 119 AVE MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARTINEZ, EMILIO J. 14260 SW 119 AVE MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARTINEZ, MARIANA 14260 SW 119 AVE MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MARTINEZ, EMILIO F 11755 SW 90th STREET SUITE 210 MIAMI, FL 33186	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARTINEZ CARLOS E 11755 SW 90th STREET SUITE 210 MIAMI, FL 33186	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARTINEZ, RAUL 11755 SW 90th STREET SUITE 210 MIAMI, FL 33186	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARTINEZ EMILIO J 11755 SW 90th STREET SUITE 210 MIAMI, FL 33186	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARTINEZ MARIANA 11755 SW 90 th STREET SUITE 210 MIAMI, FL 33186	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/02
 Date

(305) 273-803
 Daytime Phone #

MOOREHEAD AV

CR2E034 (9/01)