

2001 UNIFORM BUSINESS REPORT (UBR)

0002975 AF

DOCUMENT # **A94000001013**

1. Entity Name
CARIB VILLAS, LTD.

FILED

01 APR 16 AM 10:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

vf

Principal Place of Business
**3850 HOLLYWOOD BOULEVARD, SUITE 400
HOLLYWOOD FL 33021**

Mailing Address
**3850 HOLLYWOOD BOULEVARD, SUITE 400
HOLLYWOOD FL 33021**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0506891		Applied For ☐ Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent CORNFELD, ROBERT M 3850 HOLLYWOOD BOULEVARD, SUITE 400 HOLLYWOOD FL 33021				7. Name and Address of New Registered Agent			
				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				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. Capital Contributions as Shown on record. \$1,000.00	10. Amount of Capital Contributions in FLORIDA to date. \$1,000.00	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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	P94000049593 CARIB VILLAS, INC 3850 HOLLYWOOD BOULEVARD, SUITE 400 HOLLYWOOD FL 33021	STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	100004102271--5 -05/01/01--01066--003 ****141.25 ****141.25
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		CITY-ST-ZIP	
DOCUMENT # NAME 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: _____

Robert M. Cornfeld, President
Carib Villas, inc. General Partner

4/12/01

(954) 989-2200

Date Daytime Phone #

CR2E003 (11/00)