

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90038 003 ***158.75

DOCUMENT # 617680

1. Entity Name

CARIB MANAGEMENT, INC.

Principal Place of Business

8405 NW 53RD STE B 115
MIAMI FL 33166

Mailing Address

8405 NW 53RD STE B 115
MIAMI FL 33166

2. Principal Place of Business

300 N.W. 12th AVE
Suite, Apt. #, etc.

3. Mailing Address

300 N.W. 12th AVE
Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

59-1900776

Applied For

Not Applicable

Zip

Country

33128 USA

Zip

Country

33128 USA

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ASCHENBRENNER, RICHARD W
9130 S. DADELAND BOULEVARD
SUITE 1209
MIAMI FL 33156

7. Name and Address of New Registered Agent

SAL MARTORANO
Street Address (P.O. Box Number is Not Acceptable)
300 N.W. 12th AVE
MIAMI FL 33128

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

SAL MARTORANO, TREASURER 2/1/01

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, 2001 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

TITLE	P	COGEN, NANCY A	<input checked="" type="checkbox"/> Delete
NAME		8405 NW 53RD ST	
STREET ADDRESS		MIAMI FL	
CITY-ST-ZIP			
TITLE	ST	CONDE, PREMITIVO	<input checked="" type="checkbox"/> Delete
NAME		8405 NW 53RD ST	
STREET ADDRESS		MIAMI FL	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/D	AGUSTIN DOMINGUEZ	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		300 NW 12th AVE	
STREET ADDRESS		MIAMI, FL 33128	
CITY-ST-ZIP			
TITLE	DO	SAL MARTORANO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		300 NW 12th AVE	
STREET ADDRESS		MIAMI, FL 33128	
CITY-ST-ZIP			
TITLE	S/O	CLAIRE RALEY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		300 NW 12th AVE	
STREET ADDRESS		MIAMI, FL 33128	
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			
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SAL MARTORANO 2/1/01 305-549-7203

CR2E034 (10/00)