

902 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000000869

1. Entity Name

CARIBE VILLAS, LTD.

FILED

02 MAR 14 PM 12:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MJM



Principal Place of Business

11755 SW 90TH ST., STE. 203
MIAMI FL 33176

Mailing Address

11755 SW 90TH ST., STE. 203
MIAMI FL 33176

2. Principal Place of Business

11755 S.W. 90th Street

Suite, Apt. #, etc.

210

City & State

Miami, Florida

Zip

33186

Country

USA

3. Mailing Address

11755 S.W. 90th Street

Suite, Apt. #, etc.

210

City & State

Miami, FL

Zip

33186

Country

USA

DUE BY MAY 1, 2002

4. FEI Number

65-1023196

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARIBE VILLAS CORP.

11755 SW 90TH ST., STE. 203

MIAMI FL 33176

Name

Miren Arnaiz

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

11755 S.W. 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

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

DATE

3/7/02

9. Capital Contributions
as Shown on record.

\$700,000.00

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 #
NAME CARIBE VILLAS CORP.
STREET ADDRESS 14269 S.W. 119TH AVENUE
CITY-ST-ZIP MIAMI FL 33186

13. ADDRESS CHANGES ONLY

STREET ADDRESS 11755 S.W. 90th Street 210
CITY-ST-ZIP Miami, FL 33186

DOCUMENT #
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS 400005169934--2
CITY-ST-ZIP -03/26/02-01088-019
***526.25 ***526.25

DOCUMENT #
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

3/7/02

(305) 213-1303