

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A23652**

1. Entity Name

CARIBE ASSOCIATES, LTD.

FILED

01 SEP 12 PM 12:17

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



Principal Place of Business

**C/O ROBERT GOLDFINGER
P. O. BOX 14424
TAMPA FL 33690**

Mailing Address

**C/O ROBERT GOLDFINGER
P. O. BOX 14424
TAMPA FL 33690**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY SEPTEMBER 26, 2001

4. FEI Number **13-3377625**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GOLDFINGER, ROBERT
1014 S. STERLING AVE
TAMPA FL 33629**

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

[Signature]

(NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions
as Shown on record.

\$310,000.00

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 # **G99102900211**
NAME **CONTINENTAL EQUITIES**
STREET ADDRESS **8705 THIRD AVE.**
CITY-ST-ZIP **NEW YORK NY**

DOCUMENT # **GOLDFINGER, ROBERT**
NAME **1014 S. STERLING AVE.**
STREET ADDRESS **TAMPA FL**
CITY-ST-ZIP

DOCUMENT # **G99102900216**
NAME **GOREN BROTHERS**
STREET ADDRESS **805 THIRD AVE**
CITY-ST-ZIP **NEW YORK NY**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

200004610352--7

09/25/01-01055-022

******526.25 ****526.25**

STREET ADDRESS

CITY-ST-ZIP

200004610352--7

09/25/01-01055-023

******400.00 ****400.00**

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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:

[Signature] **ROBERT GOLDFINGER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

8/24/01
Date

88-254-0077
Daytime Phone #

STAPLE CHECK HERE

0001720 AT

CR2E003 (5/01)