

2005 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A95000001910**

1. Entity Name

CARIBE CENTURY CONSTRUCTION, LTD.

Principal Place of Business

14260 S.W. 119TH AVENUE
MIAMI FL 33186

Mailing Address

14260 S.W. 119TH AVENUE
MIAMI FL 33186-6023

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0654183

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARIBE GROUP CORP
14260 SW 119 AVE
MIAMI FL 33186

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$361,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

0

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P95000076486**
NAME **CARIBE GROUP CORP.**
STREET ADDRESS **14260 S.W. 119TH AVENUE**
CITY - ST - ZIP **MIAMI FL 33186**

STREET ADDRESS

CITY - ST - ZIP

500003283735--8
-06/09/00--01111--024

DOCUMENT # **P95000076484**
NAME **PINE INVESTMENT CORP.**
STREET ADDRESS **901 S.W. 69TH AVENUE**
CITY - ST - ZIP **MIAMI FL 33144**

STREET ADDRESS

CITY - ST - ZIP

******141.25 ****141.25**

DOCUMENT # **P95000076485**
NAME **VITRAN INVESTMENT CORP.**
STREET ADDRESS **2480 W. 82ND AVENUE**
CITY - ST - ZIP **MIAMI FL 33016**

STREET ADDRESS

CITY - ST - ZIP

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/13/00

(305) 233-6779

Date

Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -1 AM 10:33



DO NOT WRITE IN THIS SPACE