

2001 UNIFORM BUSINESS REPORT (UBR)

0013480 AF

DOCUMENT # A98000002213

1. Entity Name
CARIBE BUILDERS LTD.

FILED
01 FEB 12 AM 10:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
14260 S.W. 119TH AVENUE
MIAMI FL 33186

Mailing Address
14260 S.W. 119TH AVENUE
MIAMI FL 33186

2. Principal Place of Business
11755 SW 90 St.
Suite, Apt. #, etc. Suite 203
City & State Miami FL
Zip 33176 Country USA

3. Mailing Address
11755 SW 90 St.
Suite, Apt. #, etc. Suite 203
City & State Miami FL
Zip 33176 Country USA

4. FEI Number 65-0865996

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
CARIBE BUILDERS CORP
14260 S.W. 119TH AVENUE
MIAMI FL 33186

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
11755 SW 90 St.
Suite 203
City Miami FL Zip Code 33176

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  **1-23-01**
(NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. \$1,800,000.00

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 #	P98000072415
NAME	CARIBE BUILDERS CORP.
STREET ADDRESS	14260 S.W. 119TH AVENUE
CITY-ST-ZIP	MIAMI FL 33186
DOCUMENT #	P98000080251
NAME	VITRAN INVESTMENT III CORP.
STREET ADDRESS	2480 WEST 82ND AVE.
CITY-ST-ZIP	MIAMI FL 33016
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	
STREET ADDRESS	
CITY-ST-ZIP	
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:  **1-23-01** **305-233-6776**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)