A98000002213

1. Entity Name CARIBE BUILDERS LTD.



FILED 03 MAR 31 AM 8:55

Principal Place of Business 11755 S.W. 90TH ST. SUITE 210 MIAMI FL 33186	Mailing Address 11755 S.W. 90TH ST. SUITE 210 MIAMI FL 33186		SECRETARY OF STATE TALLAHASSEE FLORIDA		
2. Principal Place of Business	3. Mailing Address		3131   1   1   1   1   1   1   1   1   1		
Suite, Apt. #, etc. Suite, Apt. #, etc.			DUE BY MAY 1, 2003		
City & State	City & State		4. FEI Number 65-0865996 Applied For Not Applicable		
Zip Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
		Name			
CARIBE BUILDERS CORP		Stroot A	Street Address (P.O. Box Number is Not Acceptable)		
11755 S.W. 90TH ST.		Sileel A	Street Address (P.O. Box Number is Not Acceptable)		
SUITE 210					
MIAMI FL 33186					
	•	City	FL Zip Code		
the obligations of registered agent.  SIGNATURE Signature, typed or printed name of registered agent and 9. Capital Contributions as Shown on record.  \$1,800,000.00	d title if applicable.  10. Amount of Capita in FLORIDA to da		11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE		
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.					
NOTE: General Partners MAY NOT be changed on the  12. GENERAL PARTNER INFORMATION			ADDRESS CHANGES ONLY		
DOCUMENT # P98000072415	INFORMATION	13.	ADDRESS CHANGES ONLY		
NAME CARIBE BUILDERS CORP.		STREET ADDRESS	11755 SW 90 St #210		
STREET ADDRESS 14260 S.W. 119TH AVENUE			. 1		
CITY-ST-ZIP MIAMI FL 33186		CITY-ST-ZIP	Miami, FL 33186		
DOCUMENT # P98000080251					
NAME VITRAN INVESTMENT III CORP.		STREET ADDRESS	5785 5W 100 St.		
STREET ADDRESS 2480 WEST 82ND AVE.		CITY-ST-ZIP-			
CITY-ST-ZIP MIAMI FL 33016		\$3 31 Z.S	Miami FL 33156		
DOCUMENT #		STREET ADDRESS	<b>.</b>		
NAME		STILL TIPPINGO			
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP			
DOCUMENT # NAME STREET ADDRESS		STREET ADDRESS	700014954267 04/01/0301003019 **526_25		

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

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP DOCUMENT #

CITY-ST-ZIP DOCUMENT #

CITY-ST-ZIP

NAME STREET ADDRESS

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER