

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jun 27, 2000 8:00 am
Secretary of State

05-17-2000 90880 031 ***150.00

DOCUMENT # F99000006759

i. Entity Name

CARIBE HOLDINGS, INC.

P

Principal Place of Business

Mailing Address

N.W. 25TH STREET
FL 331226905 N.W. 25TH STREET
MIAMI FL 33122

2. Principal Place of Business

3701 Flamingo Road

3. Mailing Address

3701 Flamingo Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miramar, FL

City & State

Miramar, FL

4. FEI Number

65-0869328

Applied For

Not Applicable

Zip

33027

Country

USA

Zip

33027

Country

USA

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

6. Name and Address of Current Registered Agent

AMERICAN INFORMATION SERVICES, INC.
ONE S.E. 3RD AVENUE, 28TH FLOOR
MIAMI FL 33131

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. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so. ☐

(See criteria on back)

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME	C BAKER, DALE S	<input type="checkbox"/> Delete
STREET ADDRESS	6905 N.W. 25TH STREET	
CITY-ST-ZIP	MIAMI FL 33122	
TITLE NAME	P QUEVEDO, BENITO	<input type="checkbox"/> Delete
STREET ADDRESS	6905 N.W. 25TH STREET	
CITY-ST-ZIP	MIAMI FL 33122	
TITLE NAME	V INNELLA, JAMES D	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	6905 N.W. 25TH STREET	
CITY-ST-ZIP	MIAMI FL 33122	
TITLE NAME	S SCHWARTZ, PHILIP B	<input type="checkbox"/> Delete
STREET ADDRESS	ONE S.E. 3RD AVENUE, 28TH FLOOR	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE NAME	V WOODY, HAROLD M	<input type="checkbox"/> Delete
STREET ADDRESS	6905 N.W. 25TH STREET	
CITY-ST-ZIP	MIAMI FL 33122	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3701 Flamingo Road	
CITY-ST-ZIP	Miramar, FL 33027	
TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3701 Flamingo Road	
CITY-ST-ZIP	Miramar, FL 33027	
TITLE NAME	VICE PRESIDENT Michael Brant	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	3701 Flamingo Road	
CITY-ST-ZIP	Miramar, FL 33027	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3701 Flamingo Road	
CITY-ST-ZIP	Miramar, FL 33027	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/00 954-528-6564