

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L01000019282**

1. Entity Name

CARIBE AT MIAMI LLC

Principal Place of Business

**11755 S.W. 90TH STREET
SUITE 210
MIAMI FL 33186**

Mailing Address

**11755 S.W. 90TH STREET
SUITE 210
MIAMI FL 33186**

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

02-0544239

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MAURAI, WALD, BIONDO & MORENO, P.A.
900 INGRAHAM BUILDING, 25 S.E. 2ND AVE.
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name **CARLOS E. MARTINEZ**

Street Address (P.O. Box Number is Not Acceptable)

11755 SW 90th STREET SUITE 210City **MIAMI****FL**Zip Code
33186

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

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	CARLOS E. MARTINEZ	
STREET ADDRESS	11755 SW 90th STREET SUITE 210	
CITY-ST-ZIP	MIAMI, FL 33186	

TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	MIREN ARNAIZ	
STREET ADDRESS	11755 SW 90th STREET SUITE 210	
CITY-ST-ZIP	MIAMI, FL 33186	

TITLE	TREASURER	<input type="checkbox"/> Delete
NAME	FERNANDO I. MARTINEZ	
STREET ADDRESS	11755 SW 90th STREET SUITE 210	
CITY-ST-ZIP	MIAMI, FL 33186	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90726 006 ****50.00

B0054595

DO NOT WRITE IN THIS SPACE

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CR2E083 (9/01)