

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90021 045 ****50.00

DOCUMENT # L01000021673

1. Entity Name

CARIBE LAND DEVELOPERS LLC

DO NOT WRITE IN THIS SPACE

B0048206

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11755 SW 90th Street

3. Mailing Address

11755 SW 90th Street

Suite, Apt. #, etc.

210

Suite, Apt. #, etc.

210

City & State

miami, Florida

City & State

miami, Florida

4. FEI Number

01-0598370

Applied For

Not Applicable

Zip

33186

Country

USA

Zip

33186

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Carlos E Martinez

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

11755 SW 90th Street

Suite 210

City

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.

3/8/02

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Carlos E. Martinez
11755 SW 90th Street
Miami, FL 33186

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 #

3/8/02

CR2E083B (12/01)