

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L29101

1. Entity Name

CARIBE RENTALS CORP.

FILED

Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90065 004 ***150.00

Principal Place of Business

Mailing Address

14260 SW 119 AVE
MIAMI FL 33186-6110
US

14260 SW 119 AE
MIAMI FL 33186
US

2. Principal Place of Business

3. Mailing Address

11755 SW 90 St

11755 SW 90 St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 203

Suite 203

City & State
Miami FL

City & State
Miami FL

Zip Country
33176 USA

Zip Country
33176 USA

4. FEI Number 59-2987250

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARTINEZ, EMILIO F.
725 VILLABELLA AVE
CORAL GABLES FL 33146

Name Carlos E. Martinez

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

11755 S.W. 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

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-5-01

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ST
NAME MARTINEZ, EMILIO F.
STREET ADDRESS 14260 SW 119 AVE
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE P
NAME MARTINEZ, CARLOS E.
STREET ADDRESS 14260 SW 119 AVE
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VP
NAME MARTINEZ, RAUL A.
STREET ADDRESS 14260 SW 119 AVE
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VP
NAME MARTINEZ, EMILIO J.
STREET ADDRESS 14260 SW 119 AVE
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VP
NAME MARTINEZ, MARIANA
STREET ADDRESS 14260 SW 119 AVE
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-05-01 305-233-6776

CR2E034 (10/00)