

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2002 8:00 am**  
**Secretary of State**

03-27-2002 90028 028 \*\*\*150.00

**DOCUMENT # L29101**

1. Entity Name  
**CARIBE RENTALS CORP.**

Principal Place of Business  
 11755 SW 90 STREET  
 SUITE 203  
 MIAMI FL 33176  
 US

Mailing Address  
 11755 SW 90 STREET  
 SUITE 203  
 MIAMI FL 33176  
 US



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.  
**SUITE 210**

Suite, Apt. #, etc.  
**SUITE 210**

City & State  
**MIAMI, FL**

City & State  
**MIAMI, FL**

Zip  
**33186**

Country  
**USA**

Zip  
**33186**

Country  
**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

**MARTINEZ, CARLOS E.**  
**11755 SW 90 STREET SUITE 203**  
**MIAMI FL 33176**

## 7. Name and Address of New Registered Agent

Name  
**MARTINEZ CARLOS E.**  
 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.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/8/02

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, 2002 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 STREET ADDRESS CITY-ST-ZIP	ST MARTINEZ, EMILIO F. 14260 SW 119 AVE MIAMI FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARTINEZ, CARLOS E. 14260 SW 119 AVE MIAMI FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARTINEZ, RAUL A. 14260 SW 119 AVE MIAMI FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARTINEZ, EMILIO J. 14260 SW 119 AVE MIAMI FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARTINEZ, MARIANA 14260 SW 119 AVE MIAMI FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MARTINEZ, EMILIO F. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition address 11755 SW 90th STREET SUITE 210 MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARTINEZ CARLOS E. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition address 11755 SW 90th STREET SUITE 210 MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARTINEZ, RAUL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11755 SW 90th STREET SUITE 210 MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARTINEZ EMILIO J. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11755 SW 90th STREET SUITE 210 MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARTINEZ MARIANA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition address 11755 SW 90 th STREET SUITE 210 MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/02

Date

(305) 273-803

Daytime Phone #

CR2E034 (9/01)