2000 UNIFORM BUSINESS REPORT (UBR)

DOCU 1. Entity Nam	MENT # L8968	6			
Cı	ARIBBEAN IN	OVESTHENT G	Rout, INC		
Principal Place of Business		Mailing Address		20 251 Q WH ID: 21	
•		-		SECRETARY OF STATE TALLAHASSEE FLORIDA	
	13091 SW 13 Miami, FL	33186	•	IACCAHASSEE FLURIBA	
2. Principal Place of Business		3. Mailing Address			
Suite. Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State		. City & State		1 /2E NO NOCE A	pplied For
Zip	Country	Zip	Country	5. Certificate of Status Desired 38.75 Ad	
	6. Name and Address of Curre	ent Registered Agent		7. Name and Address of New Registered Agent	∌d
<u>-</u>		riquez	Name		
	525 SW 141 C		Street Address	s (P.O. Box Number is Not Acceptable)	
μ	liami, FL 33	184			
	· · · · · · · · · · · · · · · · · · ·		City	FL Zip Coo	ie
8. The above	named entity submits this statemen	it for the purpose of changing its	registered affice or regist	ered agent, or both, in the State of Florida.	
SIGNATURE _	Signature, typed or printed name of registered ag	pent and title if applicable. (NOT	E: Registered Agent signature requir	red when reinstating) DATE	
Tax filing n	ration is eligible to satisfy its Intangi equirement and elects to do so. ia on back)	After MAY 1, 20	NI FEE 18 \$150,00 100 Fee will be \$550,00 116 16 Department of Si	CONTROL True Control Control	00 May Be d to Fees
11.	OFFICERS AF	ND DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	S IN 11
TITLE NAME	Eduardo Rodriau	LCS. Delete	TITLE:	☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP	Eduardo Rodriau 1525 SW 141 AU <u>Miami, FL 3318</u>	e '4	STREET ADDRESS CITY-ST-ZIP	•	
HTLE NAME	·	☐ Delete	TITLE	100003389854	
STREET ADDRESS			NAME STREET ADDRESS	-09/12/00010480(****150.00 ****150).00
CITY-ST-ZIP TITLE		☐ Delete	CITY-ST-ZIP TITLE	77 (2000)	- Addison
NAME STREET ADDRESS		<u> </u>	.NAME	☐ Change	Addition Addition
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STREET ADDRESS			NAME STREET ADDRESS	. – .	
CITY-ST-ZIP			CITY-ST-ZIP		KE
indicated of the acre	ertify that the information supplieded on this report or supplemental repor-	this filing does not qualify for t is troe and accurate and that n	the exemption stated in S ny signature shall have the	ection 119.07(3)(i), Florida Statutes. I further certify that the ir same legal effect as if made under cath; that I am an officer	nformation or director

of the corporation or the receiver on 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 chapter 607, Florida Statutes, and that my name appears in Block 11 or Block 12 if

SIGNATURE:



CARIBBEAN INVESTMENT GROUP, INC. DOC.# L89686

TO: DIVISION OF CORPORATION P.O. BOX 6327 TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION. I FURTHER STATE THAT I HAVE NOT RECEIVED FIRST NOR SECOND NOTICE OF SUCH REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS. THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME AT.

CORDIALLY,

EDUARDO RODRIGUEZ

PRESIDENT