

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

10/22

DOCUMENT # L89686

1. Entity Name

CARIBBEAN MAINTENANCE GROUP, INC.

FILED

02 NOV 27 PM 12:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000009721330
12/30/02--01002--019 **300.00

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business

13435 SW 128TH ST

3. Mailing Address

13435 SW 128TH ST

Suite, Apt. #, etc.

SUITE: 110

Suite, Apt. #, etc.

SUITE: 110

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-0209550

Applied For

Not Applicable

Zip

33186

Country

US

Zip

33186

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

CLEMENTE LASTRA

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

1525 SW 141 AVE

City

MIAMI

FL

Zip Code

33184

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

X Clemente Lastra

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

(NOTE: Registered Agent signature required when reinstating)

DATE

11/21/02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
(PSTD) CLEMENTE LASTRA
1525 SW 141 AVE STE 110
MIAMI, FL 33184

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
(VD) NORMA PEREZ
1525 SW 141 AVE STE 110
MIAMI, FL 33184

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

X Clemente Lastra

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/21/02

Daytime Phone #

10/22/02

2cell 2

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


TO WHOM IT MAY CONCERN:

I NEVER RECEIVED ANY NOTICE FROM YOUR OFFICE FOR THE 2002
UNIFORM BUSINESS REPORT (FIRST NOR SECOND NOTICE OF THE UBR). I
HAVE NOT CHANGED MY PRINCIPAL OR MAILING ADDRESS.

PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT MY CORPORATION IN ITS
ACTIVE STATUS AND TO WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER.

CORDIALLY



CLEMENTE LASTRA
PRESIDENT