FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Jan 24, 2001 8:00 am **DOCUMENT # M16499 Secretary of State** 1. Entity Name 01-24-2001 90008 001 ***150.00 CARIBEE PROPERTIES OF THE FLORIDA KEYS, INC. Principal Place of Business Mailing Address 81611 OLD HIGHWAY 81611 OLD HIGHWAY ISLAMORADA FL 33036 ISLAMORADA FL 33036 702600 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2569589 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MAREL VASNILES PELL, JOHN Street Address (P.O. Box Number is 81611 OLD HWY ISLAMORADA FL 33036 ISLAMORADA 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 .VASNILES SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. \Box Trust/Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS CR2E034 (10/00) TITLE Delete TITLE ☐ Addition MABEL VASNILES NAME PELL, JOHN C NAME SIGH OLD HIGHWAY STREET ADDRESS STREET ADDRESS 81611 OLD HWY CITY-ST-ZIP CITY-ST-ZIP ISLAMORADA FL 33036 ISLAMORADA FL TITLE Delete TITLE Change ☐ Addition MABEL VASNILES NAME PELL, JOHN C NAME SIPII OF MICHMAN STREET ADDRESS STREET ADDRESS 81611 OLD HWY ISLAMORADA FL 33036 CITY-ST-ZIP CITY-ST-ZIP ISLAMORADA FL TITLE **G**hange _ Addition TITLE Delete MAREL VASNILES NAME PELL, JOHN C NAME 81911 OFD HIGHWAY STREET ADDRESS STREET ADDRESS 81611 OLD HWY CITY-ST-ZIP CITY-ST-ZIP ISLAMORADA FL ISLAMORADA. PL 33036 TITLE **€** Shanne Delete 2 ☐ Addition TITLE PELL, JOHN C NAME NAME MABEL VASNILES APII OFD HICHMUX STREET ADDRESS 81611 OLD HWY STREET ADDRESS ISLAMORADA FL 33036 CITY-ST-ZIF CITY-ST-ZIP ISLAMORADA FL TITLE Delete TITLE Enange ☐ Addition MABEL VASNILES NAME PELL, JOHN C BIGII OLD HIGHWAY STREET ADDRESS STREET ADDRESS 81611 OLD HWY CITY-ST-ZIF CITY-ST-ZIP FL 3303L ISLAMORADA FL ISLAMORADA Delete TITLE TITLE D D ☐ €nange ☐ Addition NAME PELL, JOHN C NAME MABEL VASNILES STREET ADDRESS STREET ADDRESS 81611 OLD HWY SIGH OLD HIGHWAY CITY-ST-ZIP CITY-ST-ZIP ISLAMORADA FL 33031 ISLAMORADA FL

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 DIRECTO

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Daytime Phone #