

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 24, 2001 8:00 am**  
**Secretary of State**

01-24-2001 90008 001 \*\*\*150.00

**DOCUMENT # M16499**

1. Entity Name  
**CARIBEE PROPERTIES OF THE FLORIDA KEYS, INC.**

Principal Place of Business 81611 OLD HIGHWAY ISLAMORADA FL 33036	Mailing Address 81611 OLD HIGHWAY ISLAMORADA FL 33036
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702600



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	59-2569589	Applied For	
		Not Applicable	
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  
**PELL, JOHN**  
**81611 OLD HWY**  
**ISLAMORADA FL 33036**

7. Name and Address of New Registered Agent  
 Name **MABEL VASNILES**  
 Street Address (P.O. Box Number is Not Acceptable)  
**81611 OLD HIGHWAY**  
 City **ISLAMORADA** **FL** Zip Code **33036**

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 Mabel Vasniles **MABEL VASNILES** DATE 1/11/01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**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	
TITLE	<b>P</b> <input checked="" type="checkbox"/> Delete
NAME	<b>PELL, JOHN C</b>
STREET ADDRESS	<b>81611 OLD HWY</b>
CITY-ST-ZIP	<b>ISLAMORADA FL</b>
TITLE	<b>V</b> <input checked="" type="checkbox"/> Delete
NAME	<b>PELL, JOHN C</b>
STREET ADDRESS	<b>81611 OLD HWY</b>
CITY-ST-ZIP	<b>ISLAMORADA FL</b>
TITLE	<b>T</b> <input checked="" type="checkbox"/> Delete
NAME	<b>PELL, JOHN C</b>
STREET ADDRESS	<b>81611 OLD HWY</b>
CITY-ST-ZIP	<b>ISLAMORADA FL</b>
TITLE	<b>S</b> <input checked="" type="checkbox"/> Delete
NAME	<b>PELL, JOHN C</b>
STREET ADDRESS	<b>81611 OLD HWY</b>
CITY-ST-ZIP	<b>ISLAMORADA FL</b>
TITLE	<b>T</b> <input checked="" type="checkbox"/> Delete
NAME	<b>PELL, JOHN C</b>
STREET ADDRESS	<b>81611 OLD HWY</b>
CITY-ST-ZIP	<b>ISLAMORADA FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete
NAME	<b>PELL, JOHN C</b>
STREET ADDRESS	<b>81611 OLD HWY</b>
CITY-ST-ZIP	<b>ISLAMORADA FL</b>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MABEL VASNILES</b>
STREET ADDRESS	<b>81611 OLD HIGHWAY</b>
CITY-ST-ZIP	<b>ISLAMORADA FL 33036</b>
TITLE	<b>V</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MABEL VASNILES</b>
STREET ADDRESS	<b>81611 OLD HIGHWAY</b>
CITY-ST-ZIP	<b>ISLAMORADA FL 33036</b>
TITLE	<b>T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MABEL VASNILES</b>
STREET ADDRESS	<b>81611 OLD HIGHWAY</b>
CITY-ST-ZIP	<b>ISLAMORADA FL 33036</b>
TITLE	<b>S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MABEL VASNILES</b>
STREET ADDRESS	<b>81611 OLD HIGHWAY</b>
CITY-ST-ZIP	<b>ISLAMORADA FL 33036</b>
TITLE	<b>T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MABEL VASNILES</b>
STREET ADDRESS	<b>81611 OLD HIGHWAY</b>
CITY-ST-ZIP	<b>ISLAMORADA FL 33036</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MABEL VASNILES</b>
STREET ADDRESS	<b>81611 OLD HIGHWAY</b>
CITY-ST-ZIP	<b>ISLAMORADA FL 33036</b>

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: Mabel Vasniles DATE 1/11/01 DAYTIME PHONE # 305664 0012  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)

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