200 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Feb 20, 2001 8:00 am **DOCUMENT # M46126 Secretary of State** CARIBE HOMES CORP. 02-20-2001 90065 006 ***150.00 Principal Place of Business Mailing Address 14260 SW 119 AVE 14260 SW 119 AVE MIAMI FL 33186-6023 MIAMI FL 33186-6023 111111 US 2. Principal Place of Business 3. Mailing Address 90 St 90 11755 SW 11765 DO NOT WRITE IN THIS SPACE 203 Applied For City & State 4. FEI Number 59-2771491 FL liam Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MURAI WALD BIONDO & MORENO, P.A. Street Add 25 S.E. 2ND AVENUE SUITE 900 MIAMI FL 33131 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if ap FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Delete TITI F TITLE MARTINEZ, CARLOS E. NAME NAME STREET ADDRESS STREET ADDRESS 14260 SW 119 AVE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Delete TITLE ☐ Addition TITLE MARTINEZ, MARIANA NAME NAME STREET ADDRESS 14260 SW 119 AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME MARTINEZ, EMILIO F. NAME STREET ADDRESS 14260 SW 119 AVE STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME MARTINEZ, RAUL A. NAME STREET ADDRESS 14260 SW 119 AVE STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP MIAMI FL Delete TITLE ☐ Change Addition TITLE MARTINEZ, FERNANDO I NAME NAME 14260 SW 119 AVE STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition MARTINEZ, EMILIO J NAME NAME STREET ADDRESS 14260 SW 119 AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 andress, with all other like empowered.