

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2001 8:00 am**  
**Secretary of State**

02-20-2001 90065 006 \*\*\*150.00

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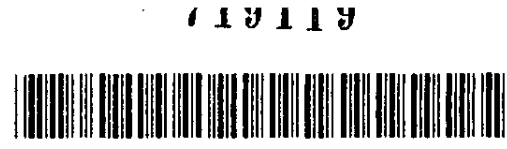
**DOCUMENT # M46126**

1. Entity Name  
**CARIBE HOMES CORP.**

Principal Place of Business 14260 SW 119 AVE MIAMI FL 33186-6023 US	Mailing Address 14260 SW 119 AVE MIAMI FL 33186-6023 US
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2. Principal Place of Business <b>11755 SW 90 St.</b>	3. Mailing Address <b>11755 SW 90 St.</b>
Suite, Apt. #, etc. <b>Suite # 203</b>	Suite, Apt. #, etc. <b>Suite # 203</b>

City & State <b>Miami FL</b>	City & State <b>Miami FL</b>	4. FEI Number <b>59-2771491</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33176</b>	Country <b>USA</b>	Zip <b>33176</b>	Country <b>USA</b>

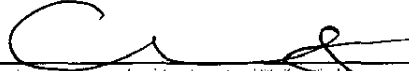


DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**MURAI WALD BIONDO & MORENO, P.A.**  
**25 S.E. 2ND AVENUE**  
**SUITE 900**  
**MIAMI FL 33131**

7. Name and Address of New Registered Agent  
 Name **Carlos Martinez**  
 Street Address (P.O. Box Number is Not Acceptable)  
**11755 SW 90 St.**  
**Suite # 203**  
 City **Miami FL** Zip Code **33176**

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  DATE **1-15-01**  
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.  (See criteria on back)


**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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP MARTINEZ, CARLOS E. 14260 SW 119 AVE MIAMI FL</b>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP MARTINEZ, MARIANA 14260 SW 119 AVE MIAMI FL</b>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MARTINEZ, EMILIO F. 14260 SW 119 AVE MIAMI FL</b>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP MARTINEZ, RAUL A. 14260 SW 119 AVE MIAMI FL</b>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS MARTINEZ, FERNANDO I 14260 SW 119 AVE MIAMI FL</b>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP MARTINEZ, EMILIO J 14260 SW 119 AVE MIAMI FL</b>	<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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:  DATE **1-15-01** DAYTIME PHONE # **(305) 233-6776**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)