

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90084 023 ***150.00

DOCUMENT # M46126

1. Entity Name
CARIBE HOMES CORP.

Principal Place of Business

11755 SW 90 ST.
 SUITE #203
 MIAMI FL 33176
 US

Mailing Address

11755 SW 90 ST.
 SUITE #203
 MIAMI FL 33176
 US

2. Principal Place of Business

11755 S.W 90th Street
 Suite, Apt. #, etc.
 210

3. Mailing Address

11755 S.W 90th Street
 Suite, Apt. #, etc.
 210

City & State

miami, Florida

City & State

miami, Florida

Zip
 33186

Country
 USA

Zip
 33186

Country
 USA

4. FEI Number

59-2771491

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MARTINEZ, CARLOS
 11755 SW 90 ST.
 SUITE #203
 MIAMI FL 33176

7. Name and Address of New Registered Agent

Name
 martinez, CARLOS E
 Street Address (P.O. Box Number is Not Acceptable)
 11755 S.W 90th Street
 Suite 210
 City miami FL Zip Code 33186

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/8/02

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	DP MARTINEZ, CARLOS E. 14260 SW 119 AVE MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARTINEZ, MARIANA 14260 SW 119 AVE MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINEZ, EMILIO F. 14260 SW 119 AVE MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MARTINEZ, RAUL A. 14260 SW 119 AVE MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MARTINEZ, FERNANDO I 14260 SW 119 AVE MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARTINEZ, EMILIO J 14260 SW 119 AVE MIAMI FL	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	11755 S.W 90 th Street Suite 210 miami, FL 33186	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	11755 S.W 90 th Street Suite 210 miami, FL 33186	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/8/02

CR2EN34 (0/01)