

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90062 024 ***158.75

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P00000010289**

1. Entity Name

Caribbean Properties Group Inc.

DO NOT WRITE IN THIS SPACE

825151

2. Principal Place of Business

15748 SW 98 St.

Suite, Apt. #, etc.

3. Mailing Address

8344 NW 30th Terr.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-0978118

Applied For

Not Applicable

Zip

33196

Country

U.S.

Zip

33122

Country

U.S.

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name

BERRIDO GUARIONEX

Street Address (P.O. Box Number is Not Acceptable)

15748 SW 98 St.

City **MIAMI**

FL

Zip Code **33196**

**DO NOT WRITE
IN THIS SPACE**

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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1: Fee is \$150.00

After May 1: Fee is \$550.00

Amended UBR is \$61.25

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
BERRIDO GUARIONEX PD
15748 SW 98 St.
Miami FL 33196

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
BERRIDO ARACELIS VPD
15748 SW 98 St.
Miami FL 33196

TITLE
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CITY- ST- ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/02

Date

305-418-2377

Daytime Phone #

CR2E034B (12/01)