2002 Uniform Business Report (UBR)

FILED Mar 26, 2002 8:00 am § Secretary of State P00000021132 DOCUMENT # 1. Entity Name THE CARIBE COMPANIES CORP. 03-26-2002 90051 044 ***150 Principal Place of Business Mailing Address 11755 SW 90 ST. 11755 SW 90 ST. SUITE203 SUITE203 MIAMI FL 33176 MIAMI FL 33176 2. Principal Place of Business 3. Mailing Address 11755 S.W 90th Street Street 11755 5.0090 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 210 310 City & State City & State 4. FEI Number Applied For 65-0994126 Miami lorida miami Not Applicable Country USA Zip \$8.75 Additional 5. Certificate of Status Desired \Box 33.86 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Mame Maiz miren ARNAIZ, MIREN 11755 SW 90 ST SUITE 203 **MIAMI FL 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 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE CR2E034 (9/01) ☐ Change Markine. Emilio T 11755 S. w 90th Street Site 310 martinez, emilio j NAME NAME 11755 SW 90 ST SUITE 203 STREET ADDRESS STREET ADDRESS MIAMI FL33176 miami, F1 33,86 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE martinez. Raul a NAME NAME martinez Raul A 11755 S.w 90th Street 210 11755 SW 90 ST SUITE 203_ STREET: ADDRESS STREET ADDRESS MIAMLFL 33176 CITY-ST-ZIP CITY-ST-ZIP miami, 81 33,86 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME martinez, mariana martine mariana NAME 11755 S.W 90th Street Suite DID 11755 SW 90 ST. SUITE 203 STREET ADDRESS STREET ADDRESS MIAMIFE 33176 CITY-ST-ZIP CITY-ST-7IP miami fl 33186 TITLE ☐ Delete TITLE ☐ Change ☐ Addition Marknez, Fernando I 11755 S.W 90th Street 210 NAME Martinez, Fernando I NAME 11755 SW 90 ST_SUITE 203 STREET ADDRESS STREET ADDRESS MIAMLEL 33176 CITY-ST-ZIP CITY-ST-ZIP miami, [] 33186 TITLE Delete TITLE ☐ Change [] Addition Marhnez carlos & 11755 S. w 40th Street 310 Martinez, Carlos e NAME NAME 11755 SW 90_S7. SUITE 203 STREET ADDRESS STREET ADDRESS MIAMLFL 33176 CITY-ST-7IP CITY-ST-ZIP miami C1 33186 ☐ Delete TITLE ☐ Change ☐ Addition Armaiz miren Street 210 ARNAIZ, MIREN NAME STREET ADDRESS 11755 SW 90 ST. SUITE 203 STREET ADDRESS MIAMI FL 33176 CITY-ST-ZIP CITY-ST-ZIP F1 33186 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. 3/7/02 273-1303 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #