

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90623 026 ***150.00

DOCUMENT # P00000029785

1. Entity Name

Caribe Construction, Inc.

Principal Place of Business

Mailing Address

9507 SW 160 Street

9507 SW 160 Street

Suite 270

Suite 270

Miami, Florida 33157

Miami, Florida 33157

659263

2. Principal Place of Business

12855 SW 136 Avenue

3. Mailing Address

12855 SW 136 Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 201

Suite 201

DO NOT WRITE IN THIS SPACE

City & State

Miami, Florida 33186

City & State

Miami, Florida 33186

4. FEI Number

65-0992522

Applied For

Not Applicable

Zip

Country

33186

USA

Zip

Country

33186

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Sherrie Taylor

9507 SW 160 Street Suite 270

Miami, Florida 33157

Name Sherrie Taylor

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

12855 SW 136 Avenue

Suite 201

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 reappointing)

4/23/01

DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Director ☐ Delete
NAME Sherrie Taylor
STREET ADDRESS 9507 SW 160 Street #270
CITY-ST-ZIP Miami, Florida 33157

TITLE Director Pres. ☒ Change ☐ Addition
NAME Sherrie Taylor
STREET ADDRESS 12855 SW 136 Avenue #201
CITY-ST-ZIP Miami, Florida 33186

TITLE Director ☐ Delete
NAME Patrick Taylor
STREET ADDRESS 9507 SW 160 Street #270
CITY-ST-ZIP Miami, Florida 33157

TITLE Director, Sec ☒ Change ☐ Addition
NAME Patrick Taylor
STREET ADDRESS 12855 SW 136 Avenue #201
CITY-ST-ZIP Miami, Florida 33186

TITLE Director ☒ Delete
NAME Neville Lee
STREET ADDRESS 9507 SW 160 Street #270
CITY-ST-ZIP Miami, Florida 33157

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (11/00)