FILED

2002 Uniform Business Report (UBR)

changed, or on an attachment with an addgess, with

SIGNATURE:

Apr 08, 2002 8:00 am Secretary of State P00000029785 DOCUMENT # 1. Entity Name CARIBE CONSTRUCTION, INC. 04-08-2002 90065 006 ***150.00 Principal Place of Business Mailing Address 12855 SW 136 AVENUE 12055 SW 136 AVENUE SUITE 201 SUITE 201 MIAMI FL 33186 **MIAMI FL 33186** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0992522 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required~ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent <u>Anthony</u> Rodriguez -TAYLOR: CHERRIE Street Address (P.O. Box Number is Not Acceptable) 12855 SW 136 AVENUE **SUITE 201** MIAMI FL 33186 Zip Code 33186 Miami 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE ₽Ŋ Delete TITLE Change ☐ Addition E034 (9/01 Anthony Rodriguez TAYLOR, SHERRIE NAME NAME 12853 SW 136 Avenue Suite 20/ 12855-SW-136TH-AVENUE, #201 STREET ADDRESS STREET ADDRESS Miami, FL 33186 MIAMI FL 33186 CITY-ST-ZIP CITY-ST-ZIP Change TITLE Delete TITLE VP, S, D ☐ Addition Beverley Clayton NAME Taylor, Patrick NAME 12855 SW 136 Avenue Suite Zol Miami, EC 33186 12855-SW-136TH-AVENUE, #201 STREET ADDRESS STREET ADDRESS CITY-ST-ZIF MIAMI-FL-33186-CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREFT ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE . Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 chapted, or on a statchment with an address with all later 160 empowered.