

2001 UNIFORM BUSINESS REPORT (UBR)

015179

DOCUMENT # P00000051668

1. Entity Name

CARIBE VILLAS CORP.

FILED

01 FEB -5 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

25 SE 2ND AVENUE SUITE 900
MIAMI FL 33131

Mailing Address

25 SE 2ND AVENUE SUITE 900
MIAMI FL 33131

2. Principal Place of Business

11755 SW 90 St.

Suite, Apt. #, etc.

Suite 203

City & State

Miami FL

Zip

33176

Country

USA

3. Mailing Address

11755 SW 90 St.

Suite, Apt. #, etc.

Suite 203

City & State

Miami FL

Zip

33176

Country

USA

4. FEI Number

65-1015290

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

MURAI WALD BIONDO & MORENO PA
25 SE 2ND AVENUE SUITE 900
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

Miren Arnaiz

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

11755 SW 90 St.

Suite 203

City

Miami

FL

Zip Code

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

Miren Arnaiz

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-23-01

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

TITLE	Carlos E. Martinez <input type="checkbox"/> Delete
NAME	President
STREET ADDRESS	11755 SW 90 St Suite 203
CITY-ST-ZIP	Miami, FL 33176
TITLE	V.P. <input type="checkbox"/> Delete
NAME	Raul A. Martinez
STREET ADDRESS	11755 SW 90 St Suite 203
CITY-ST-ZIP	Miami, FL 33176
TITLE	V.P. <input type="checkbox"/> Delete
NAME	Emilio J. Martinez
STREET ADDRESS	11755 SW 90 St Suite 203
CITY-ST-ZIP	Miami, FL 33176
TITLE	T <input type="checkbox"/> Delete
NAME	Emilio F. Martinez
STREET ADDRESS	11755 SW 90 St Suite 203
CITY-ST-ZIP	Miami, FL 33176
TITLE	S <input type="checkbox"/> Delete
NAME	Miren Arnaiz
STREET ADDRESS	11755 SW 90 St Suite 203
CITY-ST-ZIP	Miami, FL 33176
TITLE	Asst. S <input type="checkbox"/> Delete
NAME	Fernando I. Martinez
STREET ADDRESS	11755 SW 90 St Suite 203
CITY-ST-ZIP	Miami, FL 33176

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 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

1/23/01

Date

305-233-6774

Daytime Phone #

CR2E034 (10/00)