

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 08, 2001 8:00 am**  
**Secretary of State**

02-08-2001 90179 042 \*\*\*150.00

**DOCUMENT # P00000066332**

1. Entity Name

**CARIBBEAN WOODS, CORP.**

Principal Place of Business

**5465 N.W. 72ND AVENUE  
MIAMI FL 33166**

Mailing Address

**5465 N.W. 72ND AVENUE  
MIAMI FL 33166**

2. Principal Place of Business

**5004 SW 32 WAY**

Suite, Apt. #, etc.

3. Mailing Address

**5004 SW 32 WAY**

Suite, Apt. #, etc.

City &amp; State

**Fort Lauderdale, Florida**

City &amp; State

**Fort Lauderdale, Florida**

Zip

**33312**

Country

**Broward**

Zip

**33312**

Country

**Broward**

4. FEI Number

☒ Applied For  
☐ Not Applicable5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**AMEZQUITA, JUAN  
5465 N.W. 72ND AVENUE  
MIAMI FL 33166**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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)

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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>AMEZQUITA, JORGE</b>	
STREET ADDRESS	<b>5465 N.W. 72ND AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33166</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>AMEZQUITA, JUAN</b>	
STREET ADDRESS	<b>5465 N.W. 72ND AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33166</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>AMEZQUITA, SILVIA</b>	
STREET ADDRESS	<b>5465 N.W. 72ND AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33166</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>AMEZQUITA, JUAN I JR</b>	
STREET ADDRESS	<b>5465 N.W. 72ND AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33166</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>AMEZQUITA, DANIEL</b>	
STREET ADDRESS	<b>5465 N.W. 72ND AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33166</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>AMEZQUITA, SILVANA</b>	
STREET ADDRESS	<b>5465 N.W. 72ND AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33166</b>	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MARISABELLEBOLO</b>	
STREET ADDRESS	<b>5004 SW 32 WAY</b>	
CITY-ST-ZIP	<b>Fort Lauderdale, Florida, 33312</b>	
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:

**Marisabel Lebolo**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-06-01

Date

954 303 5125

Daytime Phone #

CR2E034 (10/00)