

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90063 038 \*\*\*150.00

**DOCUMENT # P94000049593**

1. Entity Name  
**CARIB VILLAS, INC.**

**Principal Place of Business**

**3850 HOLLYWOOD BLVD  
SUITE 400  
HOLLYWOOD FL 33021  
US**

**Mailing Address**

**3850 HOLLYWOOD BLVD  
SUITE 400  
HOLLYWOOD FL 33021  
US**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number**

**65-0506889**

Applied For

Not Applicable

Zip

Country

Zip

Country

**5. Certificate of Status Desired**



**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**CORNFELD, ROBERT M  
3850 HOLLYWOOD BLVD., #400  
SUITE 200  
HOLLYWOOD FL 33021**

**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, 2002 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DPST  
CORNFELD, ROBERT M  
3850 HOLLYWOOD BLVD., SUITE 400  
HOLLYWOOD FL 33021**



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
CORNFELD, JEFFERY D  
3850 HOLLYWOOD BLVD., #400  
HOLLYWOOD FL**



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

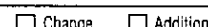


TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

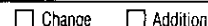
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CITY-ST-ZIP



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CITY-ST-ZIP



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CITY-ST-ZIP



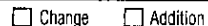
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CITY-ST-ZIP



TITLE  
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

4/16/02

(954) 989-2200

Date

Daytime Phone #

CR2E034 (9/01)