2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 14, 2002
Secretary of State

DOCUMENT# P94000086944

Entity Name: CARIBBEAN FIRE & ASSOCIATES, INC.

Current Principal Place of Business:

4650 SW 51ST STREET
SUITE 709
DAVIE, FL 33314 US

New Principal Place of Business:

Current Mailing Address:

4650 SW 51ST STREET
SUITE 709
DAVIE, FL 33314 US

New Mailing Address:

FEI Number: 65-0569129 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SANTIAGO, SANTOS
4650 SW 51ST STREET
SUITE 709
DAVIE, FL 33314 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	SANTIAGO, SANTOS SR	
Address:	4650 SW 51ST STREET STE. 709	
City-St-Zip:	DAVIE, FL 33314 US	
Title:	VP	( ) Delete
Name:	SANTIAGO, JOSEPHINE	
Address:	4650 SW 51ST STREET STE. 709	
City-St-Zip:	DAVIE, FL 33314 US	
Title:	D	(X) Delete
Name:	SANTIAGO, SANTOS JR.	
Address:	4650 SW 51ST STREET STE. 709	
City-St-Zip:	DAVIE, FL 33314 US	
Title:	D	(X) Delete
Name:	SANTIAGO, ERICA	
Address:	4650 SW 51ST STREET STE. 709	
City-St-Zip:	DAVIE, FL 33314 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANTOS SANTIAGO SR. P 08/14/2002

Electronic Signature of Signing Officer or Director — Date