

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90065 005 ***150.00

DOCUMENT # P94000091176

1. Entity Name

CARIBE KENDALL CORPORATION

Principal Place of Business

Mailing Address

14260 S.W. 119 AVE.
MIAMI FL 33186

14260 S.W. 119 AVE.
MIAMI FL 33186

2. Principal Place of Business

3. Mailing Address

11755 SW 90 St.

11755 SW 90 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 203

Suite 203

City & State

City & State

Miami FL

Miami FL

Zip

Country

Zip

Country

33176

USA

33176

USA

4. FEI Number 65-0545879

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARTINEZ, EMILIO F
14260 S.W. 119 AVE.
MIAMI FL 33186

Name Carlos E. Martinez

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

11755 S.W. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-5-01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME MARTINEZ, EMILIO F
STREET ADDRESS 14260 SW 119TH AVENUE
CITY-ST-ZIP MIAMI FL 33186-6023

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☐ Delete
NAME MARTINEZ, CARLOS E
STREET ADDRESS 14260 S.W. 119 AVE.
CITY-ST-ZIP MIAMI FL 33186-6023

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME MARTINEZ, RAUL A
STREET ADDRESS 14260 S.W. 119 AVE.
CITY-ST-ZIP MIAMI FL 33186-6023

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME MARTINEZ, EMILIO J
STREET ADDRESS 14260 S.W. 119 AVE.
CITY-ST-ZIP MIAMI FL 33186-6023

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME MARTINEZ, FERNANDO I
STREET ADDRESS 14260 S.W. 119 AVE.
CITY-ST-ZIP MIAMI FL 33186-6023

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AS ☐ Delete
NAME JIMENEZ, JOSE A
STREET ADDRESS 14260 S.W. 119 AVE.
CITY-ST-ZIP MIAMI FL 33186-6023

TITLE ☐ Change ☐ 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: x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-01

Date

305-233-6776

Daytime Phone #

CR2E034 (10/00)