

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90051 040 ***150.00

12-1-1997 AV

DOCUMENT # P94000091176

1. Entity Name
CARIBE KENDALL CORPORATION

Principal Place of Business
11755 SW 90 ST
MIAMI FL 33176

Mailing Address
11755 SW 90 ST
MIAMI FL 33176

2. Principal Place of Business
11755 S.W 90th Street

Suite, Apt. #, etc.
210

City & State
miami, fl 33186

Zip
33186

Country
USA

3. Mailing Address
11755 S.W 90th Street

Suite, Apt. #, etc.
210

City & State
miami, fl

Zip
33186

Country
U.S.A



DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0545879

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

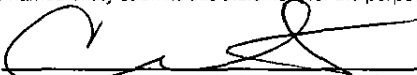
6. Name and Address of Current Registered Agent

MARTINEZ, CARLOS E
11755 SW 90 ST.
MIAMI FL 33176

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
11755 S.W 90th Street
Suite 210
City
miami FL Zip Code
33186

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  DATE **3/8/02**

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 | D MARTINEZ, EMILIO F 14260 SW 119TH AVENUE MIAMI FL 33186-6023 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MARTINEZ, CARLOS E 14260 S.W. 119 AVE. MIAMI FL 33186-6023 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T MARTINEZ, RAUL A 14260 S.W. 119 AVE. MIAMI FL 33186-6023 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP MARTINEZ, EMILIO J 14260 S.W. 119 AVE. MIAMI FL 33186-6023 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP MARTINEZ, FERNANDO I 14260 S.W. 119 AVE. MIAMI FL 33186-6023 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS JIMENEZ, JOSE A 14260 S.W. 119 AVE. MIAMI FL 33186-6023 | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 11755 S.W 90th Street 210 miami, fl 33186 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 11755 S.W 90th Street 210 miami, fl 33186 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 11755 S.W 90th Street 210 miami, fl 33186 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 11755 S.W 90th Street Suite 210 miami, fl 33186 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11755 S.W 90th Street Suite 210 miami, fl 33186 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 11755 S.W 90th Street Suite 210 miami, fl 33186 |

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

Date

Daytime Phone #

3/8/02 (305) 273-2023

CR2E034 (9/01)