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Secretary of State

04-23-1999 90120 024 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000059289

1. Corporation Name
CARIBBEAN PROPERTY INSPECTION, INC.

Principal Place of Business
7911 NW 72ND AVENUE
#223-B
MIAMI FL 33166

Mailing Address
7911 NW 72ND AVENUE
#223-B
MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/01/1995

4. FEI Number

65-0599593

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 7911 N.W. 72 Ave.

Suite, Apt. #, etc.

22 # 105

23 MEDLEY, FL.

24 33166 25 MIAMI, FL.

2a. Mailing Address

26 7911 N.W. 72 Ave.

Suite, Apt. #, etc.

27 # 105

28 MEDLEY, FL.

29 33166 30 MIAMI, FL.

9. Name and Address of Current Registered Agent

UZ, JOSE
17650 NW 67TH AVENUE
#1418
MIAMI FL 33015

81 Name

JOSE UZ

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

7921 N.W. SOUTH RIVER DR #215

83

84 City

MEDLEY

FL

85 Zip Code
33166

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE:

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/14/99

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME UZ, JOSE

STREET ADDRESS 17650 NW 67TH AVENUE #1418

CITY-STATE-ZIP MIAMI FL 33015

TITLE SD ☐ DELETE

NAME MORALES, ROGER

STREET ADDRESS 7921 N.W. SOUTH RIVER DR. #214

CITY-STATE-ZIP MEDLEY FL 33166

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME UZ, JOSE

1.3 STREET ADDRESS 7921 N.W. SOUTH RIVER DR. #215

1.4 CITY-STATE-ZIP MEDLEY, FL. 33166

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. 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 annual report or supplemental annual 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 1.2 or Block 1.3 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

JOSE UZ President

1/14/99

(305) 889-1100

Date

Daytime Phone #

CR2E034 (1/98)