

2002 UNIFORM BUSINESS REPORT (UBR)

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

03-26-2002 90051 043 ***150.00

DOCUMENT # P95000076486

1. Entity Name
CARIBE GROUP CORP.

Principal Place of Business

~~11755 SW 90 ST~~
~~SUITE # 203~~
~~MIAMI FL 33176~~
~~US~~

Mailing Address

~~11755 SW 90 ST~~
~~SUITE # 203~~
~~MIAMI FL 33176~~
~~US~~

2. Principal Place of Business

11755 SW 90th STREET

Suite, Apt. #, etc.

210

City & State

MIAMI, FL 33186

Zip

Country

USA

3. Mailing Address

11755 SW 90th STREET

Suite, Apt. #, etc.

210

City & State

MIAMI, FL 33186

Zip

Country

USA

4. FEI Number **65-0620743**

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~~
~~SUITE # 203~~
~~MIAMI FL 33176~~

7. Name and Address of New Registered Agent

Name **MARTINEZ CARLOS E.**

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

11755 SW 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

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

(NOTE: Registered Agent signature required when reinstating)

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 ☐ Delete

NAME **P MARTINEZ, CARLOS E**
 STREET ADDRESS **14260 S.W. 119TH AVE.**
 CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Delete

NAME **VP MARTINEZ, RAUL A**
 STREET ADDRESS **14260 SW 119TH AVE**
 CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Delete

NAME **VP MARTINEZ, EMILIO J**
 STREET ADDRESS **14260 SW 119TH AVE**
 CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Delete

NAME **ST MARTINEZ, EMILIO F**
 STREET ADDRESS **14260 SW 119TH AVE**
 CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Delete

NAME **AS MARTINEZ, FERNANDO I**
 STREET ADDRESS **14260 SW 119TH AVE**
 CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME **P MARTINEZ, CARLOS E**
 STREET ADDRESS **11755 SW 90th STREET SUITE 210**
 CITY-ST-ZIP **MIAMI, FL 33186**

TITLE ☐ Change ☐ Addition

NAME **VP MARTINEZ, RAUL A**
 STREET ADDRESS **11755 SW 90th STREET SUITE 210**
 CITY-ST-ZIP **MIAMI, FL 33186**

TITLE ☐ Change ☐ Addition

NAME **VP-MARTINEZ-EMILIO**
 STREET ADDRESS **11755 SW 90TH STREET SUITE 210**
 CITY-ST-ZIP **MIAMI, FL 33186**

TITLE ☐ Change ☐ Addition

NAME **ST MARTINEZ, EMILIO F**
 STREET ADDRESS **11755 SW 90th STREET SUITE 210**
 CITY-ST-ZIP **MIAMI, FL 33186**

TITLE ☐ Change ☐ Addition

NAME **AS MARTINEZ FERNANDO I**
 STREET ADDRESS **11755 SW 90th STREET SUITE 210**
 CITY-ST-ZIP **MIAMI, FL 331 86**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/02

Date

(305) 213-1303

Daytime Phone #

CR2E034 (9/01)