

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000077996

1. Entity Name

CARIBE NURSERY CORP.

Principal Place of Business

23270 S.W. 134 AVE
GOULDS FL 33170

Mailing Address

12100 S.W. 43 ST
MIAMI FL 33175-4208

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0620277

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

RAMIREZ, CARMEN
434 S.W. 99 CT
SUITE 900
MIAMI FL 33174

Name

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

City

FL

Zip Code

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

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, 2000 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 ☐ Delete
NAME D
STREET ADDRESS MARTINEZ, CARLOS E
CITY-ST-ZIP 14260 S.W. 119TH AVENUE
MIAMI FL 33186-6110

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

TITLE ☐ Delete
NAME VP
STREET ADDRESS RAMIREZ, CARMEN
CITY-ST-ZIP 434 S.W. 99 CT.
MIAMI FL 33174

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

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

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

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

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

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

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

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

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

Date

Daytime Phone #

FILED

Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90097 033 ***150.00



DO NOT WRITE IN THIS SPACE