

2001 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

2. Principal Place of Business

11755 SW 90 St.

3. Mailing Address

11755 SW 90 St.

Suite, Apt. #, etc.

Suite # 203

Suite, Apt. #, etc.

Suite # 203

City & State

Miami FL

City & State

Miami FL

Zip

33176

Country

USA

Zip

33176

Country

USA

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Miren Arnaiz

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

11755 SW 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

Miren Arnaiz

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

(NOTE: Registered Agent signature required when reinstating)

2-9-01

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, 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

TITLE	D	<input type="checkbox"/> Delete
NAME	MARTINEZ, CARLOS E	
STREET ADDRESS	14260 S.W. 119TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33186-6110	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	RAMIREZ, CARMEN	
STREET ADDRESS	434 S.W. 99 CT.	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MARTINEZ, EMILIO	
STREET ADDRESS	14260 S.W. 119 AVE	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MARTINEZ, RAUL A	
STREET ADDRESS	14260 S.W. 119 AVE	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	AS	<input type="checkbox"/> Delete
NAME	MARTINEZ, FERNANDO I	
STREET ADDRESS	14260 S.W. 119 AVE	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MARTINEZ, EMILIO J	
STREET ADDRESS	14260 S.W. 119 AVE	
CITY-ST-ZIP	MIAMI FL 33186	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Miren Arnaiz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9-01

Date

305-233-6776

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90602 031 ***150.00