

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2002 8:00 am**  
**Secretary of State**

03-20-2002 90016 027 \*\*\*150.00

0293569  
 AV

**DOCUMENT # P95000077996**

1. Entity Name  
**CARIBE NURSERY CORP.**

Principal Place of Business  
**11755 SW 90 STREET SUITE 203**  
**MIAMI FL 33176**

Mailing Address  
**11755 SW 90 STREET SUITE 203**  
**MIAMI FL 33176**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**11755 SW 90th STREET**

3. Mailing Address  
**11755 SW 90th STREET**

Suite, Apt. #, etc.  
**SUITE 210**

Suite, Apt. #, etc.  
**SUITE 210**

City & State  
**MIAMI FL**

City & State  
**MIAMI, FL**

Zip Country  
**33186 USA**

Zip Country  
**33186 USA**

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

**ARNAIZ, MIREN**  
**11755 SW 90 STREET**  
**SUITE 203**  
**MIAMI FL 33176**

Name  
**ARNAIZ, MIREN**  
 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]*  
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MARTINEZ, CARLOS E.</b> <b>11755 SW 90th STREET SUITE 210</b> <b>MIAMI, FL 33186</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>MARTINEZ EMILIO</b> <b>11755 SW 90th STREET SUITE 210</b> <b>MIAMI, FL 33186</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>MARTINEZ RAUL A</b> <b>11755 SW 90th STREET SUITE 210</b> <b>MIAMI, FL 33186</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS MARTINEZ FERNANDO</b> <b>11755 SW 90 th STREET SUITE 210</b> <b>MIAMI, FL 33186</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP MARTINEZ EMILIO J</b> <b>11755 SW 90th STREET SUITE 210</b> <b>MIAMI, FL 33186</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/7/02**  
 Date

**(305) 273-1303**  
 Daytime Phone #

CR2E034 (9/01)