

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90097 003 ***150.00

0496221 AV

DOCUMENT # P97000103548

1. Entity Name
CARIBE FORD, INC.

Principal Place of Business
5314 S.W. SANDS BLVD.
CAPE CORAL FL 33914

Mailing Address
5314 S.W. SANDS BLVD.
CAPE CORAL FL 33914



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Ave. 65 Infanteria

3. Mailing Address
5353 N. Federal Hwy.

Suite, Apt. #, etc.
Esc. Ave. De Diego
Comunidad Parque Escorial

Suite, Apt. #, etc.
Suite 204

City & State
Carolina, Puerto Rico

City & State
Ft. Lauderdale, FL

4. FEI Number
65-0816804

Applied For
 Not Applicable

Zip
00937

Country
USA

Zip
33308

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

WESTPHAL, STEVE
5314 S.W. SANDS BLVD.
CAPE CORAL FL 33914

7. Name and Address of New Registered Agent

Name
Gary Fronrath
 Street Address (P.O. Box Number is Not Acceptable)
5353 N. Federal Hwy.
Suite 204
 City **Ft. Lauderdale** **FL** Zip Code **33308**

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.

April 1, 2002
 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, 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 NAME STREET ADDRESS CITY-ST-ZIP	PTD WESTPHAL, STEVE 5314 S.W. SANDS BLVD. CAPE CORAL FL 33914	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD FRONRATH, GARY 4901 NORTH FEDERAL HIGHWAY FORT LAUDERDALE FL 33308	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary- L. Christine Waterbury- 5353 N. Federal-	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Fronrath, Gary 5353 N. Federal Hwy., Suite 204 Ft. Lauderdale, FL 33308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary L. Christine Waterbury 5353 N. Federal Hwy., Suite 204 Ft. Lauderdale, FL 33308	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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 another like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-02 954 489-3973

Date

Daytime Phone #

CR2E034 (9/01)