

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000043851

1. Entity Name

CARIBE DEVELOPMENT CORP.

FILED
May 07, 2000 8:00 am
Secretary of State

05-07-2000 90035 014 ***150.00

Principal Place of Business

Mailing Address

14260 SW 119 AVE
 MIAMI FL 33186

14260 SW 119 AVE
 MIAMI FL 33186-6023

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

65-0837149

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
 14260 SW 119 AVE
 MIAMI FL 33186

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	P	☐ Delete
NAME	MARTINEZ, CARLOS E	
STREET ADDRESS	14260 SW 119 AVE	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	VP	☐ Delete
NAME	MARTINEZ, RAUL	
STREET ADDRESS	14260 SW 119 AVE	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	S	☐ Delete
NAME	MARTINEZ, FERNANDO	
STREET ADDRESS	14260 SW 119 AVE	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	T	☐ Delete
NAME	ARNAIZ, MIREN	
STREET ADDRESS	14260 SW 119 AVE	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

4/13/00 (305) 233-6776

CR2E034 (9/99)