## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000072415  1. Entity Name CARIBE BUILDERS CORP.					Secretary of State 03-29-2002 90784 001 ***211.25			
Principal Place of Business         Mailing Address           11755 SW 90 ST.         11755 SW 90 ST.           SUITE 203         SUITE 203           MIAMI FL 33176         MIAMI FL 33176           US         US								
2. Principal Pl. 11755 Suite, Apt. 4	3. Mailing Address 11755 S-W Suite, Apt. #, etc.	) 90 str	eeT	DO NOT WRITE IN THIS SPACE				
City & State  YYY G'Y  Zip		City & State  miami C	10n'da Country		4. FEI Number 65-0872049		Applicable	
-3318		33186	454		_sCertificate of Status Desired—————	Fee Required		
	6. Name and Address of Current R	egistered Agent	Nama	7. Name and Address of New Registered Agent				
ARNAIZ, MIREN 11755 SW 90 ST. SUITE 203 MIAM! FL 33176			Street Ad	SUITE 210				
		1111	<u> </u>	3~				
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 corpo Tax filing ru (See criter	FILE NOW!!! After May 1, 2002 Make Check Payable	Fee will be \$5	50.00		Added	May Be to Fees		
11.	OFFICERS AND D	IRECTORS	12.		ADDITIONS/CHANGES TO OFFICERS AND			
STREET ADDRESS	P MARTINEZ, CARLOS E 14260 SW 119 AVE MIAMI FL 33186	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1175	runz carbs e 35 S.W 90mstreet ami, Florida 3318	36	Addition	
NAME STREET ADDRESS	V Martinez, Raul 14260 SW-119 AVE MIAMI FL 33186	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP-	11.12	hnez Raw 14 Street 5 5 w 90 11 Street ami, 61.33186		Addition	
NAME STREET ADDRESS	S Martinez, Fernando 14260 SW 1 <del>19</del> Ave Miami Fl 33186	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5 127 127	stime, for nando ss s.w 90th Street ami, floride 33180	□ Change るいつ	☐ Addition	
STREET ADDRESS	T ARNAIZ, MIREN 14260 SW 119 AVE MIAMI FL 33186	, Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	144 C	ani, (1) 33186	Changa	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ 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 AND TYPED OR PRINTED NAME OF SIGNAR OFFICER OR DIRECTOR

(305)273,1303

Daytime Phone #