

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000064222

1. Entity Name

CARIBE REALTY OF OSCEOLA, INC.

FILED
Jun 06, 2000 8:00 am
Secretary of State

05-08-2000 90046 039 ***150.00

Principal Place of Business 1129 E. VINE STREET KISSIMMEE FL 34744	Mailing Address 1129 E. VINE STREET KISSIMMEE FL 34744-3509
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

4. FEI Number 59-3587671	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

NEGRON, SANDRA R
2311 CORMORANT ST.
KISSIMMEE FL 34743

7. Name and Address of New Registered Agent

Name: Sandra R. Negron
Street Address (P.O. Box Number is Not Acceptable): 2402 Raven Croft Ct
City: Orlando, FL Zip Code: 32837

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: *Sandra R. Negron* DATE: 4/20/00
(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax (filing requirement and elects to do so. (See criteria on back)) <input checked="" type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE: President / OWNER NAME: Sandra R. Negron STREET ADDRESS: 2402 Raven Croft Ct. CITY-ST-ZIP: Orlando, FL 32837	<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
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Sandra R. Negron* Sandra R. Negron 4/20/00 (407) 935-1111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)