

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90051 042 ***150.00

DOCUMENT # P99000099514

1. Entity Name
CARIBE RESIDENCES CORP.

Principal Place of Business

11755 SW 90 ST.
 SUITE 203
 MIAMI FL 33176

Mailing Address

11755 SW 90 ST.
 SUITE 203
 MIAMI FL 33176

2. Principal Place of Business

11755 S.W 90th Street
 Suite, Apt. #, etc.
 210

3. Mailing Address

11755 S.W 90th Street
 Suite, Apt. #, etc.
 210

City & State

miami, FL

City & State

miami, Florida

Zip

33186

Country

U.S.A.

Zip

33186

Country

U.S.A.

4. FEI Number

69-0978499

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ARNAIZ, MIREN

11755 SW 90 ST
 SUITE 203
 MIAMI FL 33176

7. Name and Address of New Registered Agent

Name
 Arnaz, Miren

Street Address (P.O. Box Number is Not Applicable)
 11755 S.W 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]

(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

TITLE	D	NAME	MARTINEZ, CARLOS E	<input type="checkbox"/> Delete
STREET ADDRESS			14260 SW 119 AVE	
CITY-ST-ZIP			MIAMI FL 33186	
TITLE	D	NAME	MARTINEZ, RAUL	<input type="checkbox"/> Delete
STREET ADDRESS			14260 SW 119 AVE	
CITY-ST-ZIP			MIAMI FL 33186	
TITLE	D	NAME	MARTINEZ, FERNANDO	<input type="checkbox"/> Delete
STREET ADDRESS			14260 SW 119 AVE	
CITY-ST-ZIP			MIAMI FL 33186	
TITLE	D	NAME	ARNAIZ, MIREN	<input type="checkbox"/> Delete
STREET ADDRESS			14260 SW 119 AVE	
CITY-ST-ZIP			MIAMI FL 33186	
TITLE		NAME		<input type="checkbox"/> Delete
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		<input type="checkbox"/> Delete
STREET ADDRESS				
CITY-ST-ZIP				

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	NAME	Martinez, Carlos E	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			11755 S.W 90 th Street 210	
CITY-ST-ZIP			miami, FL 33186	
TITLE	D	NAME	Martinez Raul	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			11755 S.W 90 th Street 210	
CITY-ST-ZIP			miami, FL 33186	
TITLE	D	NAME	Martinez, Fernando	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			11755 S.W 90 th Street 210	
CITY-ST-ZIP			miami, FL 33186	
TITLE	D	NAME	Arnaz, Miren	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			11755 S.W 90 th Street 210	
CITY-ST-ZIP			miami, FL 33186	
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/02

Date

(305) 213-1303

Daytime Phone #

CR2E034 (9/01)