## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR**

Mailing Address

340 SEVILLA AVE

3. Mailing Address

Suite, Apt. #, etc.

City & State

CORAL GABLES FL 33134-6615

## M76775 **DOCUMENT #**

1. Entity Name

340 SEVILLA AVE

Principal Place of Business

CORAL GABLES FL 33134-6615

2. Principal Place of Business

RIERA, JOSE L., CPA

340 SEVILLA AVE. **CORAL GABLES FL 33134** 

Suite, Apt. #, etc.

City & State

Zip

CARIBBEAN TECHNICAL SALES, INC.



## FILED Feb 10, 2003 8:00 am Secretary of State

02-10-2003 90405 022 \*\*\*150.00

	☐ CHECK HERE IF MAKING CHA				
	4. FEI Number 62-1393449	Applied For			
	02-1333443	Not Applicable			
,	5. Certificate of Status Desired   \$8.75 Additional Fee Required				
	7. Name and Address of New Registered Agent	``			
Name					
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Street Address (F	P.O. Box Number is Not Acceptable)				
City	FL   <sup>z</sup>	ip Code			
office or registere	ed agent, or both, in the State of Florida. I am familia	ar with, and accept			

8. The above named entity submits this statement for the purpose of changing its registered office or registered the obligations of registered agent.

Country

City

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

Signature, typed or printed name of registered agent and title if applicable.

Country

6. Name and Address of Current Registered Agent

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOSA, CARLOS A CEBALLOS CALLE 16 NO.186, COLONIA MERIDA, YUCATAN, MEXIC	] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ARANA, ENNA 3931 N. COUNTRY CLUB DR., UNIT 1425 AVENTURA FL 33180	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	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Carlos Ceballos E

2/7/03

Daylime Phone #