


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91780 004 ***150.00

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

DOCUMENT # P02000005430

1. Entity Name
AMERICARIBE, INC.



Principal Place of Business
**1 BISCAYNE TOWER
2. S. BISCAYNE BLVD., SUITE 2630
MIAMI, FL 33131**

Mailing Address
**1 BISCAYNE TOWER
2. S. BISCAYNE BLVD., SUITE 2630
MIAMI, FL 33131**

11041297

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**BOURGOIGNIE, P. TRISTAN
5200 BLUE LAGOON DRIVE
#600
MIAMI, FL 33125**

4. FEI Number
03-0412094

8. Certificate of Status Desired **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent
Name **Martin, Fabrice**
Street Address (P.O. Box Number is Not Acceptable)
**2 S. Biscayne Blvd.
Suite 2630**
City **Miami** FL Zip Code **33131**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* DATE **4-30-03**

Signature, typed or printed name of registered agent and fee 7 applicable. NOTE: Registered Agent Signature checked when receiving.

9. Election Campaign Financing Trust Fund Contribution. **\$5,000** Max: Be Added to 1998

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TI | |
|------------------------------------------------|---------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: *[Signature]* DATE **4-30-03** 305-374-5383

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR