

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90218 039 ***150.00

DOCUMENT # P97000100920



1. Entity Name
MIAMI CARIBBEAN INC.

Principal Place of Business
**300 SW 107TH AVE., STE 105
MIAMI FL 33174**

Mailing Address
**300 SW 107TH AVE., STE 105
MIAMI FL 33174**

2. Principal Place of Business
300 SW 107th Ave

3. Mailing Address
300 SW 107th Ave.

Suite, Apt. #, etc.
101-102

Suite, Apt. #, etc.
101-102

City & State
MIAMI FL

City & State
MIAMI FL

4. FEI Number
65-0816552

Applied For
 Not Applicable

Zip
33174

Country

Zip
33174

Country

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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**OJEDA, NEIT R
300 SW 107TH AVE
SUITE 105
MIAMI FL 33174**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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	PD	<input type="checkbox"/> Delete
NAME	OJEDA, NEIT R	
STREET ADDRESS	300 SW 107TH AVE., STE 105	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE	SD	<input type="checkbox"/> Delete
NAME	OJEDA, ANA	
STREET ADDRESS	300 SW 107TH AVE., STE 105	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-03 **305-221-1964**
Date Daytime Phone #

CR2E034 (10/02)