

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000017814

**Entity Name:** UNIVERSIDAD AUTONOMA DEL CARIBE, INC.**Current Principal Place of Business:**7955 NW 12 ST.  
SUITE, 119  
MIAMI, FL 33126**Current Mailing Address:**7955 NW 12 ST.  
SUITE, 119  
MIAMI, FL 33126 US**FEI Number: 80-0573738****Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**COLLANTE , MARIA J.  
7955 NW 12 ST.  
SUITE, 119  
MIAMI, FL 33126 US*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:** MARIA J. COLLANTE**01/31/2018**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            TREASURER  
Name           COLLANTE, MARIA J.  
Address        7955 NW 12 ST.  
                 SUITE, 119  
City-State-Zip: MIAMI FL 33126

Title            OFFICER  
Name           RIVERA, ELECTO  
Address        7955 NW 12 ST.  
                 SUITE, 119  
City-State-Zip: MIAMI FL 33126

Title            PRESIDENT  
Name           VARGAS, RAMSES  
Address        7955 NW 12 ST.  
                 SUITE, 119  
City-State-Zip: MIAMI FL 33126

Title            V  
Name           MALDONADO, EFRAIN  
Address        7955 NW 12 ST.  
                 SUITE, 119  
City-State-Zip: MIAMI FL 33126

Title            OFFICER  
Name           DEVIA, SANDRA  
Address        7955 NW 12 ST.  
                 SUITE, 119  
City-State-Zip: MIAMI FL 33126

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARIA J. COLLANTE**TREASURER****01/31/2018**

Electronic Signature of Signing Officer/Director Detail

Date