

2016 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:** No**Name and Address of Current Registered Agent:**BARROS-RUEDA, LIGIA
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:** LIGIA BARROS-RUEDA

01/27/2016

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 T
Name TOSSAS, EZER
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: RAMSES VARGAS

PRESIDENT

01/27/2016

Electronic Signature of Signing Officer/Director Detail

Date