

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000017814

**Entity Name:** UNIVERSIDAD AUTONOMA DEL CARIBE, INC.

**Current Principal Place of Business:**

13210 BISCAYNE BOULEVARD  
NORTH MIAMI, FL 33181

**Current Mailing Address:**

13210 BISCAYNE BOULEVARD  
NORTH MIAMI, FL 33181 US

**FEI Number: 80-0573738**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

GARCIA, PAUL E  
13210 BISCAYNE BOULEVARD  
NORTH MIAMI, FL 33181 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP,T  
Name GARCIA, PAUL E  
Address 13210 BISCAYNE BOULEVARD  
City-State-Zip: NORTH MIAMI FL 33181

Title VP, DIRECTOR  
Name BUSTAMANTE, ORIETTA  
Address 13210 BISCAYNE BOULEVARD  
City-State-Zip: NORTH MIAMI FL 33181

Title S  
Name ROMERO, ANGELICA D  
Address 13210 BISCAYNE BOULEVARD  
City-State-Zip: NORTH MIAMI FL 33181

Title OFFICER  
Name MARTINEZ, GRACIELA  
Address 13210 BISCAYNE BOULEVARD  
City-State-Zip: NORTH MIAMI FL 33181

*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: ORIETTA BUSTAMANTE**

**VICE PRESIDENT &  
EXECUTIVE DIRECTOR**

**03/21/2013**

Electronic Signature of Signing Officer/Director Detail

Date