

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000002507

1. Entity Name

CARIBBEAN AMERICAN LINES, S.A.

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 90017 044 ***150.00

Principal Place of Business

19 WEST FLAGLER STREET, SUITE 600
MIAMI FL 33130

Mailing Address

19 WEST FLAGLER STREET, SUITE 600
MIAMI FL 33130

2. Principal Place of Business

7570 NW 14 St

3. Mailing Address

7570 NW 14 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33206

Country

USA

Zip

33126

Country

USA

4. FEI Number

65-1042303

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GONZALEZ, LUIS

19 WEST FLAGLER STREET, SUITE 600
MIAMI FL 33130

Name

Luis Gonzalez
Street Address (P.O. Box Number is Not Acceptable)
7570 NW 14 St.

City

Miami

FL

Zip Code

33126

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/1/01
DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PT	<input checked="" type="checkbox"/> Delete
NAME	PAREDES, RICARDO SOTO	
STREET ADDRESS	EDIFICIO BANCO DE BRAZIL GALLE ELVIRA MEND	
CITY-ST-ZIP	APARTADO 5246 PANAMA 5	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	JURADO, LIA DE	
STREET ADDRESS	EDIFICIO BANCO DE BRAZIL GALLE ELVIRA MEND	
CITY-ST-ZIP	APARTADO 5246 PANAMA 5	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	ARAUZ, CELESTINO	
STREET ADDRESS	EDIFICIO BANCO DE BRAZIL GALLE ELVIRA MEND	
CITY-ST-ZIP	APARTADO 5246 PANAMA 5	
TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	GONZALES, LUIS	
STREET ADDRESS	19 WEST FLAGLER STREET, SUITE 600	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE	VC	<input checked="" type="checkbox"/> Delete
NAME	UGALDE, CHRISTINA	
STREET ADDRESS	19 WEST FLAGLER STREET, SUITE 600	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Luis E. Gonzalez	
STREET ADDRESS	7570 NW 14 St.	
CITY-ST-ZIP	Miami, FL 33126	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/1/01

3055917345

CR2E034 (10/00)