

FD4000003734

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500271431195

04/10/15--01003--014 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 APR 10 AM 10:59

C.L.
4-13-15

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CARIBE EXPRESS ASSOCIATES, INC
Name of Corporation

DOCUMENT NUMBER: F04000003734

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROSARIO DIEGUEZ

Name of Contact Person

CARIBE EXPRESS ASSOCIATES, INC

Firm/Company

5847 SW 8TH ST

Address

MIAMI, FL 33144

City/State and Zip Code

ROSARIO@CARIBEEXPRESS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROSARIO DIEGUEZ

Name of Contact Person

at (201) 3626605

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: CARIBE EXPRESS ASSOCIATES, INC
2. The principal office address: 5847 SW 8TH ST, MIAMI, FL 33165
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 06/30/2004 Document number: F04000003734

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

ROSARIO DIEGUEZ

6505 HUDSON AVE

WEST NEW YORK, NJ 07093

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

ROSARIO DIEGUEZ

2414 SW 137 AVE

P.O. Box NOT acceptable

MIAMI, FL 33175

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Rosario Dieguez
Signature of an officer or director

Rosario Dieguez
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Rosario Dieguez
Signature of Registered Agent

4/7/2004
Date

If signing on behalf of an entity:

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 APR 10 AM 10:59