

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000004390

1. Entity Name

CEMEX CARIBE, INC.

**FILED**  
**Jul 28, 2000 8:00 am**  
**Secretary of State**

07-28-2000 90145 041 \*\*\*550.00

Principal Place of Business

6521 NW 87 AVE  
MIAMI FL 33178  
US

Mailing Address

P.O. BOX 267970  
FT LAUDERDALE FL 33326  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0613541

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 PD ☐ Delete  
NAME NORIEGA, FRANCISCO  
STREET ADDRESS 6700 N ANDREWS, STE 200  
CITY-ST-ZIP FT LAUDERDALE FL

TITLE PD ☒ Change ☐ Addition  
NAME NORIEGA, FRANCISCO  
STREET ADDRESS 6521 NW 87 AVE  
CITY-ST-ZIP MIAMI, FL. 33178

TITLE V ☐ Delete  
NAME NAVARRO, LEOPOLDO  
STREET ADDRESS 6700 N ANDREWS AVE STE 200  
CITY-ST-ZIP FORT LAUDERDALE FL

TITLE V ☒ Change ☐ Addition  
NAME NAVARRO, LEOPOLDO  
STREET ADDRESS 6521 NW 87 AVE  
CITY-ST-ZIP MIAMI, FL. 33178

TITLE SD ☐ Delete  
NAME VILLARREAL, RAMIRO  
STREET ADDRESS 6700 N ANDREWS AVE STE 200  
CITY-ST-ZIP FORT LAUDERDALE FL

TITLE SD ☒ Change ☐ Addition  
NAME VILLARREAL, RAMIRO  
STREET ADDRESS 6521 NW 87 AVE  
CITY-ST-ZIP MIAMI, FL. 33178

TITLE T ☐ Delete  
NAME VILLAREAL, MANUEL  
STREET ADDRESS 6700 N ANDREWS AVE STE 200  
CITY-ST-ZIP FORT LAUDERDALE FL

TITLE T ☒ Change ☐ Addition  
NAME VILLAREAL, MANUEL  
STREET ADDRESS 6521 NW 87 AVE  
CITY-ST-ZIP MIAMI, FL. 33178

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Manuel Villareal 7/24/00 954 384 6954