

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 08, 2002 8:00 am**  
**Secretary of State**

07-08-2002 90227 023 \*\*\*550.00

**DOCUMENT # H64586**

1. Entity Name  
**CARIBBEAN SHIPPING, INC.**

Principal Place of Business

7335 N.W. 31ST  
(P.O. BOX 52-1178)  
MIAMI FL 33122-1240  
US

Mailing Address

P.O. 52-1178  
(P.O. BOX 52-1178)  
MIAMI FL 33152-1178  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2556131**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6..Name and Address of Current Registered Agent

**RIVERO, JUAN C.**  
**433 W 45TH PLACE**  
**HIALEAH FL 33012**

7..Name and Address of New Registered Agent

Name **JUAN C. RIVERO**  
Street Address (P.O. Box Number is Not Acceptable) **2555 COLLINS AVE STE. 2206**  
City **MIAMI - BEACH** FL Zip Code **33140**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* **JUAN C. RIVERO PTD (CHAIR)** DATE **07-03-02**

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, 2002 Fee 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

TITLE **PTD** ☐ Delete  
NAME **RIVERO, JUAN C. (CHAIR)**  
STREET ADDRESS **433 W. 45TH PLACE**  
CITY-ST-ZIP **HIALEAH FL**

TITLE **VD** ☐ Delete  
NAME **RIVERO, JORGE H., JR.**  
STREET ADDRESS **2555 COLLINS AVE., STE. 2206**  
CITY-ST-ZIP **MIAMI BCH. FL**

TITLE **SC** ☐ Delete  
NAME **RIVERO, JORGE H. S**  
STREET ADDRESS **2555 COLLINS AVE., STE. 2406**  
CITY-ST-ZIP **MIAMI BCH. FL 33140**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTD** ☒ Change ☐ Addition  
NAME **RIVERO JUAN C.**  
STREET ADDRESS **2555 COLLINS AVE. STE. 2206**  
CITY-ST-ZIP **MIAMI BCH. FL.**

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

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **A P.T. 2206**  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
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]* **JUAN C. RIVERO** DATE **07-03-02** DAYTIME PHONE # **305-541-8700**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (4/02)