

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 13, 2001 8:00 am**  
**Secretary of State**

02-13-2001 90012 026 \*\*\*150.00

**DOCUMENT # K50156**

1. Entity Name  
**CARIBE CONTAINER EXPRESS, INC.**

Principal Place of Business Mailing Address  
**7727 NW 29TH AVE PO BOX 527711**  
**2ND FLOOR MIAMI FL 33152-7711**  
**MIAMI FL 33147**  
**US**

2. Principal Place of Business 3. Mailing Address  
**2500 NW 46 ST**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**MIAMI FL**  
 Zip Country Zip Country  
**33142 MIAMI-DADE**

4. FEI Number **65-0193060** 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**

**7. Name and Address of New Registered Agent**

**ENRIQUEZ, LEONEL**  
**7227 NW 29TH AVE**  
**2ND FLOOR**  
**MIAMI FL 33147**

Name  
**EDUARDO PICHARDO**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2500 NW 46 ST**  
 City **MIAMI FL** Zip Code **33142**

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 **EDUARDO PICHARDO** *Eduardo Pichardo* DATE **2-08-01**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature is required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  **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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ENRIQUEZ, LEONEL</b> <b>7727 NW 29TH AVE., 2ND FLOOR</b> <b>MIAMI FL 33147</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P. MIGUEL ENRIQUEZ</b> <b>2500 NW 46 ST</b> <b>MIAMI FL 33142</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>CERNA, BLANCA</b> <b>7727 NW 29TH AVE., 2ND FLOOR</b> <b>MIAMI FL 33147</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V.P. &amp; S.</b> <b>VERONICA MEDINA</b> <b>2500 NW 46 ST</b> <b>MIAMI FL 33142</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MEDINA, JORGE</b> <b>7727 NW 29TH AVE., 2ND FLOOR</b> <b>MIAMI FL 33147</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D. JORGE MEDINA</b> <b>2500 N.W. 46 ST.</b> <b>MIAMI FL. 33142</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **VERONICA MEDINA** *Veronica Medina* DATE **2-08-01** 305 693 0077  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)