

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90012 042 ****61.25

DOCUMENT # NO4166

1. Entity Name

IESCARIBE INC.

Principal Place of Business

% SALAZAR-CARRILLO, JORGE
 1105 ALMERIA
 CORAL GABLES FL 33134

Mailing Address

% SALAZAR-CARRILLO, JORGE
 1105 ALMERIA
 CORAL GABLES FL 33134

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

59-2438002

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SALAZAR-CARRILLO, JORGE
1105 ALMERIA
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
 NAME **VILLASUSO, JUAN MANUEL**
 STREET ADDRESS **INSTITUTE DE INV.#6193**
 CITY-ST-ZIP **SAN JOSE, COSTA R.**

TITLE **D** ☐ Delete
 NAME **GOLLAS, MANUEL (V. SEC)**
 STREET ADDRESS **CAMINO AL AJUSCO NO.20**
 CITY-ST-ZIP **MEXICO, D.F.**

TITLE **DCP** ☐ Delete
 NAME **SALAZAR-CARRILLO, JORGE**
 STREET ADDRESS **1105 ALMERIA**
 CITY-ST-ZIP **CORAL GABLES FL**

TITLE **DST** ☐ Delete
 NAME **SALAZAR, MARY G WINTHRO**
 STREET ADDRESS **1105 ALMERIA**
 CITY-ST-ZIP **CORAL GABLES FL**

TITLE **D** ☐ Delete
 NAME **JORGE, ANTONIO**
 STREET ADDRESS **724 S.W. 26 ROAD**
 CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jorge Salazar-Carrillo* **JORGE SALAZAR-CARRILLO, PRESIDENT, 2/11/01, 305-342-3323**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)