

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0023462

DOCUMENT # N95000001363

1. Entity Name

CARIBBEAN AGRICULTURAL RESEARCH INSTITUTE, INC.



FILED

03 MAY -5 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

~~1101 BRICKELL AVE., SUITE 1400~~
~~MIAMI FL 33131~~

Mailing Address

~~1101 BRICKELL AVE., SUITE 1400~~
~~MIAMI FL 33131~~

2. Principal Place of Business

2665 S. Bayshore Dr.

3. Mailing Address

2665 S. Bayshore Dr.

Suite, Apt. #, etc.

Suite 200

Suite, Apt. #, etc.

Suite 200

City & State

Miami, FL

City & State

Miami, FL

Zip

33133

Country

U.S.A.

Zip

33133

Country

U.S.A.



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0566285

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GUTIERREZ, NICOLAS J JR., ESQ
~~1101 BRICKELL AVE., SUITE 1400~~
~~MIAMI FL 33131~~

7. Name and Address of New Registered Agent

Name

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

2665 S. Bayshore Dr.
Grand Bay Plaza, Suite 200

City

Miami

FL

Zip Code

33133

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

Nicolas J. Gutierrez, Jr., Esq. Registered Agent 4/23/03

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
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE VD ☐ Delete
NAME BEQUIRISTAIN, ALBERTO
STREET ADDRESS 10255 S.W. 96TH TERRACE
CITY-ST-ZIP MIAMI FL 33176

TITLE STD ☐ Delete
NAME DE ARMAS, ALBERTO
STREET ADDRESS 1050 PALERMO AVE.
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE PD ☐ Delete
NAME GUTIERREZ, NICOLAS J JR
STREET ADDRESS ~~1101 BRICKELL AVE., SUITE 1400~~
CITY-ST-ZIP ~~MIAMI FL 33131~~

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
NAME
STREET ADDRESS 2665 S. Bayshore Dr., Suite 200
CITY-ST-ZIP MIAMI, FL 33133

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 100017927291
CITY-ST-ZIP 05/05/03--01013--012 **1628.75

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

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

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:

Nicolas J. Gutierrez, Jr., Esq. President 4/23/03

CR2E037 (10/02)