

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2003 8:00 am**  
**Secretary of State**

0176476 AV

DOCUMENT # P00000069431

1. Entity Name  
CARIBE OPTICAL & PLUS, CORP.



05-12-2003 90211 028 \*\*\*150.00

Principal Place of Business  
26829 SOUTH DIXIE HWY  
NARANJA FL 33032

Mailing Address  
26829 SOUTH DIXIE HWY  
NARANJA FL 33032



2. Principal Place of Business  
26835 SOUTH DIXIE HWY  
Suite, Apt. #, etc.

3. Mailing Address  
26835 SOUTH DIXIE HWY  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
NARANJA-FLORIDA

City & State  
NARANJA-FLORIDA

4. FEI Number 65-1024881

Applied For  
Not Applicable

Zip 33032 Country USA

Zip 33032 Country USA

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

HABER, JORGE L  
26829 SO. DIXIE HWY  
HOMESTEAD FL 33032

Name  
JORGE L. HABER  
Street Address (P.O. Box Number is Not Acceptable)  
26835 SOUTH DIXIE HWY  
City NARANJA FL Zip Code 33032

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 Jorge L. Haber DATE 1-13-02  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PDS  
NAME HABER, LOURDES  
STREET ADDRESS 26829 SO. DIXIE HWY  
CITY-ST-ZIP HOMESTEAD FL 33032 ☒ Delete

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

TITLE VPD  
NAME HABER, JORGE  
STREET ADDRESS 15210 SW 162 ST.  
CITY-ST-ZIP MIAMI FL 33187 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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 607, 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 L. Haber  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-03

Date Daytime Phone #

CR2E034 (10/02)