

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90052 049 ***150.00

DOCUMENT # P01000085637

1. Entity Name
CARIBE INTERNATIONAL SALES, INC.



Principal Place of Business
**908 SALCEDO ST. #2
CORAL GABLES, FL 33134**

Mailing Address
**1266 N.W. 119TH STREET
MIAMI, FL 33167**

2. Principal Place of Business

3. Mailing Address

297 NE 108 ST 1

Suite, Apt. #, etc.

Suite, Apt. #, etc.

8

City & State

City & State

MIAMI SHORES, FL

Zip

Country

Zip

33161

Country

DADE



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-1134335

Applied For

Not Applicable

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

**ANDRADE, FERNANDO
908 SALCEDO ST. #2
CORAL GABLES, FL 33134**

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

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 \$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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PD
ANDRADE, FERNANDO
297 N.E. 108TH STREET -SUITE "B"
MIAMI SPRINGS, FL 33141**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**297 NE 108 ST #B
MIAMI SHORES, FL 33161**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/03

Date

Daytime Phone #

CR2E034 (10/02)