

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90074 011 ***158.75

DOCUMENT # P02000029851

1. Entity Name
GSI CARIBBEAN, INC.



Principal Place of Business

8344 NW 30 TERR
MIAMI FL 33122

Mailing Address

8344 NW 30 TERR
MIAMI FL 33122

90017289



2. Principal Place of Business

12515 N. Kendall Dr.

Suite, Apt. #, etc.

Suite 318

City & State

Miami, Florida

Zip

33186

Country

Dade

3. Mailing Address

12515 N. Kendall Dr.

Suite, Apt. #, etc.

Suite 318

City & State

Miami, Florida

Zip

33186

Country

Dade

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

04-3625488

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BERRIDO, GUARIONEX
8344 NW 30 TERR
MIAMI FL 33122

7. Name and Address of New Registered Agent

Name

Joaquin Balaguer

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

Kendall Corporate Center

12515 N. Kendall Drive, #318

City

Miami

FL

Zip Code
33186

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]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

29 January 2003

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 **P** ☐ Delete
NAME **CASTRO, JOSE**
STREET ADDRESS **8344 NW 30 TERR**
CITY-ST-ZIP **MIAMI FL 33122**

TITLE **V** ☒ Delete
NAME **BERRIDO, GUARIONEX**
STREET ADDRESS **8344 NW 30 TERR**
CITY-ST-ZIP **MIAMI FL 33122**

TITLE **T** ☒ Delete
NAME **BERRIDO, TOMAS**
STREET ADDRESS **8344 NW 30 TERR**
CITY-ST-ZIP **MIAMI FL 33122**

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 11

TITLE ☒ Change ☐ Addition
NAME **President**
STREET ADDRESS **Castro, Jose**
CITY-ST-ZIP **12515 N. Kendall Dr. #318**
Miami, FL 33186

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

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

TITLE ☐ Change ☒ Addition
NAME **Vice President & Treasurer**
STREET ADDRESS **Balaguer, Joaquin**
CITY-ST-ZIP **12515 N. Kendall Dr., #318-Miami, FL**

TITLE ☐ Change ☒ Addition
NAME **Manager**
STREET ADDRESS **Castro, Mayra**
CITY-ST-ZIP **12515 N. Kendall Dr. #318 Miami, FL**

TITLE ☐ Change ☒ Addition
NAME **Manager**
STREET ADDRESS **Balaguer, Edna Mae**
CITY-ST-ZIP **12515 N. Kendall Dr., #318, Miami, FL**
33186

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

29-JAN-2003 (005) 387-8000

CR2E034 (10/02)