

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000077814

1. Entity Name

CARIB MED. SERVICES, INC.



FILED

03 OCT 31 AM 10:15

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

6425 SW 130 PLACE #707
MIAMI FL 33183

Mailing Address

6425 SW 130 PLACE #707
MIAMI FL 33183

2. Principal Place of Business

5545 SW 8 ST

3. Mailing Address

5545 SW 8 ST

Suite, Apt. #, etc.

108

Suite, Apt. #, etc.

108

City & State

Miami, FL

City & State

Miami, FL

Zip

33134

Country

USA

Zip

33134

Country

USA

4. FEI Number

02-0554471

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DOMINGUEZ, ELSA M

6425 SW 130 PLACE #707
MIAMI FL 33183

7. Name and Address of New Registered Agent

Name

ELSA M. DOMINGUEZ

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

5545 SW 8th ST STE 108

City

Miami

FL

Zip Code

33134

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 PD
NAME DOMINGUEZ, ELSA M
STREET ADDRESS 6425 SW 130 PLACE #707
CITY-ST-ZIP MIAMI FL 33183

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ELSA M. DOMINGUEZ
NAME
STREET ADDRESS 5545 SW 8th ST STE 108
CITY-ST-ZIP Miami, FL 33134

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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:

SIGNATURE REQUIRED

9-26-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0313326 AV

CR2E034 (10/02)