

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000079331

1. Entity Name

CARIBE FOODS INTERNATIONAL CORP.



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

05-06-2003 90026 042 \*\*\*150.00

Principal Place of Business

7871 NW 3rd Street Bldg. 28 Apt.101  
Pembroke Pines Florida 33024

2. Principal Place of Business

3. Mailing Address

7871 NW 3rd St Bldg 28

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Apartment 101

City & State

City & State

Pembroke Pines Florida

4. FEI Number

73-1652904

Applied For

Not Applicable

Zip

Country

Zip

33024

Country

U.S.A.

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MESA RAMIREZ, GUILLERMO DE JESUS -  
7871 NW 3rd Street Bldg.28 Apt.101  
Pembroke Pines Fl 33024

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 \$350.00**  
**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 DP  
NAME MESA RAMIREZ, GUILLERMO DE JESUS  
STREET ADDRESS 7871 NW 3rd St Bldg 28 Apt.101  
CITY-ST-ZIP Pembroke Pines Fl 33024 ☐ Delete

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

TITLE DVP  
NAME TRUJILLO CAMPOS, DAISSY GRACIELA  
STREET ADDRESS 7871 NW 3rd St Bldg.28 Apt.101  
CITY-ST-ZIP Pembroke Pines Fl 33024 ☐ Delete

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

TITLE  
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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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)(l), 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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/03

362-9139