√2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P93000082525

CARIBBEAN TRUCKING, INC.

Principal Place of Business

Mailing Address

3220 NW SOUTH RIVER DR. MIAMI FL 33142

3201 NW 24 ST. ROAD MIAMI FL 33142-6913



05-17-2000 90854 012 ***150.00



TITLE NAME LAMBROKOUPOULOS, JOHN STREET ADDRESS 3201 NW 24TH STREET ROAD MIAMI FL 33142 TITLE NAME DIAZ, LILIA A STREET ADDRESS CITY-ST-ZIP MIAMI FL 33142 TITLE T TITLE T NAME STREET ADDRESS CITY-ST-ZIP MIAMI FL 33142 TITLE T NAME STREET ADDRESS CITY-ST-ZIP MIAMI FL 33142 TITLE AS MIAMI FL 33142 TITLE NAME MONOCANDILOS, THEODORA STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP MIAMI FL 33142 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE AS MONOCANDILOS, THEODORA STREET ADDRESS CITY-ST-ZIP TITLE NAME OSORNO, JORGE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33142 TITLE NAME OSORNO, JORGE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33142 TITLE NAME OSORNO, JORGE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33142 TITLE NAME OSORNO, JORGE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33142 TITLE NAME OSORNO, JORGE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33142	2. Principal Pl	lace of Busin	ess	3. Mailing Address									
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Country Zip Country Zip Country S. Certificate of Status Desired \$8.75 Additional Fee Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of Name and Address o	City & State	е		City & State			4. 1	FEI Number	65-045332	4			e
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A. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fjorida. SIGNATURE Signature, hyperd or printed name of registered agent and title if applicable. OHOTE Registered Agent segretate when revoltating? PATE 1. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT. MAKE LAMBROKOUPOULOS, JOHN STREET ADDRESS OHY-ST-2P MIAMI FL 33142 TITLE STREET ADDRESS OHY-ST-2P MIAMI FL 33142 TITLE AS MIAMI FL 33142 TITLE MONOCCANDILOS, THEODORA 3201 NW 24TH STREET ROAD MIAMI FL 33142 TITLE MONOCCANDILOS, THEODORA 3201 NW 24TH STREET ROAD MIAMI FL 33142 TITLE MONOCCANDILOS, THEODORA 3201 NW 24TH STREET ROAD MIAMI FL 33142 TITLE MAME STREET ADDRESS CITY-ST-2P MIAMI FL 33142 TITLE MAME STREET ADDRESS CITY-ST-2P MIAMI FL 33142 TITLE MAME STREET ADDRESS TITLE MAME COTY-ST-2P MAMI TITLE MAME COT	3201		Street Address (P.O. Box Number is Not Acceptable)										
SIGNATURE Signature, trivind or primod memor of registered agent and title if applicable. (IACTE: Registered Agent signature required when reinstating)										F	L Zip C	ode	
9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) Title	8. The above	named entity	y submits this statement for t	the purpose of changing its	registere	ed office or regi	istered ag	ent, or both, i	n the State of F	orida.	-		
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13. Legroby cortify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07/3/ii). Florida Statutes, I further certify that the information										17 :			\dashv

Inereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. Future 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR