

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P93000082525**

1. Entity Name

CARIBBEAN TRUCKING, INC.**FILED**
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90043 045 ***158.75

017721

Principal Place of Business

**3220 NW SOUTH RIVER DR.
MIAMI FL 33142**

Mailing Address

**3201 NW 24 ST. ROAD
MIAMI FL 33142**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0453324

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

**LAMBROKOUPOULOS, JOHN
3201 NW 24TH STREET ROAD
MIAMI FL 33142**Name **MONOCANDILOS, NICOLAS**Street Address (P.O. Box Number is Not Acceptable)
3201 NW 24TH ST RD**MIAMI, FLORIDA 33142**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☒ Delete
NAME **LAMBROKOUPOULOS, JOHN**
STREET ADDRESS **3201 NW 24TH STREET ROAD**
CITY-ST-ZIP **MIAMI FL 33142**TITLE **DP** ☐ Change ☒ Addition
NAME **MONOCANDILOS, NICOLAS**
STREET ADDRESS **3201 NW 24TH, ST RD**
CITY-ST-ZIP **MIAMI, FLORIDA 33142**TITLE **S** ☐ Delete
NAME **DIAZ, LILIA A**
STREET ADDRESS **3201 NW 24TH STREET ROAD**
CITY-ST-ZIP **MIAMI FL 33142**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **T** ☐ Delete
NAME **ISERN, JORGE E**
STREET ADDRESS **3201 NW 24TH STREET ROAD**
CITY-ST-ZIP **MIAMI FL 33142**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **AS** ☐ Delete
NAME **MONOCANDILOS, THEODORA**
STREET ADDRESS **3201 NW 24TH STREET ROAD**
CITY-ST-ZIP **MIAMI FL 33142**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VP** ☐ Delete
NAME **OSORNO, JORGE**
STREET ADDRESS **3201 NW 24 ST. ROAD**
CITY-ST-ZIP **MIAMI FL 33142**TITLE ☐ Change ☒ Addition
NAME **VPD**
STREET ADDRESS **JORDAN MONOCANDILOS**
CITY-ST-ZIP **3201 NW 24TH ST/RD**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **MIAMI, FL. 33142**

13. 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 11 or Block 12 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:**NICOLAS, MONOCANDILOS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)