

FOR 2003

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91525 001 ***158.75

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1. Entity Name

CARIBBEAN TRUCKING, INC.

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

4. FEI Number

85-0453324

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MONOCANDILOS, NICOLAS
 3201 NW 24TH STREET ROAD
 MIAMI FL 33142

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.

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) ☐

10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DP
 MONOCANDILOS, NICOLAS
 3201 NW 24TH STREET ROAD
 MIAMI FL 33142

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 S
 DIAZ, LILIA A
 3201 NW 24TH STREET ROAD
 MIAMI FL 33142

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 T
 ISERN, JORGE E
 3201 NW 24TH STREET ROAD
 MIAMI FL 33142

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 AS
 MONOCANDILOS, THEODORA
 3201 NW 24TH STREET ROAD
 MIAMI FL 33142

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 VP
 MONOCANDILOS, JORDAN
 3201 NW 24 ST. ROAD
 MIAMI FL 33142

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 VP
 OSORNO, JORGE
 3201 NW 24 ST ROAD
 MIAMI FL 33142

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #