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Secretary of State
05-09-2002 90033 032 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000092442

1. Entity Name

CARIBBEAN TRANSACTIONS & BUSINESS, INC.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
995 S.W. 14 Avenue Suite, Apt. #, etc.	Same Suite, Apt. #, etc.
City & State: Miami, Florida	City & State
Zip: 33135 Country: Miami-Dade	Zip / Country

4. FEI Number: 65-0793025 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: TERESA E. JIMENEZ

Street Address (P.O. Box Number is Not Acceptable): 995 SW 14 AVE

City: MIAMI, FL FL Zip Code: 33135

6. 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

8. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE: Director & President NAME: Teresa E. Jimenez STREET ADDRESS: 995 S.W. 14 Avenue CITY-ST-ZIP: Miami, Florida 33135	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE: Director & Vice-President NAME: Ariel Jimenez P. STREET ADDRESS: 995 S.W. 14 Avenue CITY-ST-ZIP: Miami, Florida 33135	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE: Director & Vice-President NAME: Maite Anel STREET ADDRESS: 995 S.W. 14 Avenue CITY-ST-ZIP: Miami, Florida 33135	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Teresa E. Jimenez 04-25-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

Daytime Phone #