

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004469

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** UNIVERSITY COLLEGE OF THE CARIBBEAN FOUNDATION - U.S., INC.

**Current Principal Place of Business:**

16015 SW 150TH STREET  
MIAMI, FL 33196 US

**New Principal Place of Business:**

**Current Mailing Address:**

16015 SW 150TH STREET  
MIAMI, FL 33196 US

**New Mailing Address:**

**FEI Number:** 06-1746554

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROOMES, DONALD D MR  
16015 SW 150TH STREET  
MIAMI, FL 33196 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: C  
Name: CUNNINGHAM, CHAD MR.  
Address: SUITE 8A, SEYMOUR PARK, 2 SEYMOUR AVE.  
City-St-Zip: KINGSTON 10 JAMAICA, WI

Title: S  
Name: THELWELL, JACKIE  
Address: 9 NORBROOK WAY  
City-St-Zip: KINGSTON 8, JAMAICA, WI

Title: T  
Name: WAN, DAVID MR.  
Address: 52-60 GRENEDA CRESCENT  
City-St-Zip: KINGSTON 5, JAMAICA, WI

Title: D  
Name: ROOMES, DONALD D MR.  
Address: 16015 SW 150TH STREET  
City-St-Zip: MIAMI, FL 33196 US

Title: D  
Name: ADAMS, WINSTON MR.  
Address: 10190 REGENT PARK DR  
City-St-Zip: ORLANDO, FL 32825 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: WINSTON ADAMS

D

04/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date