ı		
۲	-	•
ì	•	-
ì.	•	
	Š	
1	-	
ı		_
ı	7	
ı	3	
ı	`	•
ı	4	J
ı	c	ŕ
ı	C	
ŀ	T	ī
ı	7	₹
ı	À	ľ
ı	L	ľ
ı		
ı	•	_
ı		
ı		
ı		

·200	a.UNIFORM BUS	NESS REPO	RT (UB	R)				
DOCUMENT # P01000072294  1. Entity Name					FILED			
GREAT CARIBBEAN FAMILY CORP.					02 MAY <b>-10</b> ° PM 1: 14			
Principal Pla	ace of Business	Mailing Address	· ·		·			
,	2300 Coral Way 2300 Coral Wa		av	Ì	SECRETARY OF STATE TALLAHASSEE, FLORIDA			
1	Suite 200 Suite 200		ц		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	FL 33145	Miami, FL 33	145					
2300 C	Principal Place of Business 3. Mailing Address 2300 Coral Way 2300 Coral Way		ay					
	Suite, Apt. #, etc. Suite 200 Suite 200 Suite 200				DO NOT WRITE IN TH	DO NOT WRITE IN THIS SPACE		
City & Sta	ate	Suite 200 City & State		4.	FEI Number	XX Applied For		
Miami,	Florida	Miami, Florid			Applied For	Not Applicable		
33145	Country US	Zip     33145	Country <b>US</b>	5.	Certificate of Status Desired	\$8.75 Additional Fee Required		
	6. Name and Address of Current F			7.	Name and Address of New Registere	,		
DADE	CORPORATE SERVICES, I	NC.	Name	FLORID	A ANNUAL REPORT SERV	ICES, INC.		
2300	Coral Way,		Street	Address (P.O.	Box Number is Not Acceptable)			
	e 103			Suite	oral Way			
Mlam:	i, FL 33145		City	- Surce		Zip Code		
O The element				Miami	-	L Zip Code 33145		
8. The above	e named entity submits this statement for	purpose of changing its r	egistered office o	r registered ac	gent, or both, in the State of Florida.			
SIGNATURE	X HALLOU	F	AMADA CAN	TERA LOI	PEZ, PRESIDENT 5/9	7/02-		
-	Signature, type for printed name of registered agent a		Registered Agent signa					
9. This corp	oration is eligible to satisfy its Intangible requirement and elects to do so.		FEE IS \$150		10. Election Campaign Financing	\$5.00 May Be		
(See crite	ria on back)	After MAY 1, 200 Make Check Payable			Trust Fund Contribution.	Added to Fees		
11.	OFFICERS AND D		12.			ND DIRECTORS IN 11		
TITLE NAME	D   Lopez-Cantera, Carlos	□ Delete	TITLE			☐ Change ☐ Addition		
STREET ADDRESS	2300 Coral Way, Suite		NAME STREET ADDRESS		60000550	77766		
CITY-ST-ZIP	Miami, FL 33145	- 111	CITY-ST-ZIP		-05/14/02	-01016007		
TITLE	D Warranta da 1	☐ Delete	TITLE	-	****150.00	Transe 50 Audition		
NAME STREET ADDRESS	Moscetti, Andrea   2300 Coral Way, Suite	. 111	NAME STREET ADDRESS					
CITY-ST-ZIP	Miami, FL 33145	: 111	CITY-ST-ZIP					
TITLE	D	☐ Delete	TITLE			☐ Change ☐ Addition		
NAME STREET ADDRESS	Williams, James R.   2300 Coral Way, Suite	. 111	NAME STREET ADDRESS			Adlin 1		
CITY-ST-ZIP	Miami, FL 33145	: 111	CITY-ST-ZIP		(	1632710		
TITLE	D	☐ Delete	TITLE			₩ Change		
NAME STREET ADDRESS	Serralta, GAdaycas S.		NAME STREET ADDRESS	ļ		/		
City-St-ZIP	2300 Coral Way, Suite Miami, FL 33145	: 111	CITY-ST-ZIP		•			
TITLE		☐ Delete	TITLE	D	1	☐ Change <b>XX</b> Addition		
NAME STREET ADDRESS			NAME STREET ADDRESS	Lopez-	Cantera, Carlos M.			
CITY-ST-ZIP			CITY-ST-ZIP	2300 C	oral Way, Suite 111 FL 33145	6		
TITLE		☐ Delete	TITLE			☐ Change ☐ Addition		
NAME STREET ADDRESS			NAME STREET ADDRESS			·		
CITY-ST-ZIP			CITY-ST-ZIP					
13. ( hereby o	certify that the information supplied with the	is filing does not qualify for th	ne exemption stat	ed in Section	119.07(3)(i), Florida Statutes. I further co	ertify 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: 5-9-02  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  James R. Williams  Daytime Phone #								
	// James R. Willi	ams			Date	Daytime Phone #		