

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90045 032 ****70.00

DOCUMENT # P39535

1. Entity Name

CLEAN CARIBBEAN CORPORATION

Principal Place of Business

2381 STIRLING RD.
 FT. LAUDERDALE FL 33312

Mailing Address

2381 STIRLING RD.
 FT. LAUDERDALE FL 33312



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0270063

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

CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

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

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME Delete
 P SCHULER, PAUL A
 STREET ADDRESS 2381 STIRLING ROAD
 CITY-ST-ZIP FT. LAUDERDALE FL

TITLE NAME Change Addition
 Boudiette, R.
 STREET ADDRESS 250 Industrial Rd
 CITY-ST-ZIP Pascagoula MS 39568

TITLE NAME Delete
 S SAIDON, P.K.
 STREET ADDRESS 2381 STIRLING RD.
 CITY-ST-ZIP FT. LAUDERDALE FL

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
 D HUBER, C
 STREET ADDRESS 3225 GALLOWS RD
 CITY-ST-ZIP FAIRFAX VA

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
 V PRZELOMSKI, H.R.
 STREET ADDRESS 2381 STIRLING RD.
 CITY-ST-ZIP FT. LAUDERDALE FL

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
 D PINDER, D S
 STREET ADDRESS P O BOX F-42530 N/A
 CITY-ST-ZIP FREEPORT BA

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
 D HARCHARIK, DG
 STREET ADDRESS 396 ALHAMBRA CIR
 CITY-ST-ZIP CORAL GABLES FL 33134

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/17/01 (954) 983-9880
 Date Daytime Phone #

CR2E037 (10/00)