

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P28733

1. Entity Name

CASTROL CARIBBEAN & CENTRAL AMERICA INC.

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90104 049 \*\*\*150.00

Principal Place of Business

9260 SUNSET DR.  
215  
MIAMI FL 33173  
US

Mailing Address

9260 SUNSET DR.  
215  
MIAMI FL 33173-3255  
US

2. Principal Place of Business

11420 N. KENDALL DR

3. Mailing Address

11420 N. KENDALL DR

Suite, Apt. #, etc.

# 207

Suite, Apt. #, etc.

# 207

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

Zip

33176

Country

USA

Zip

33176

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

13-3560687

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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 SD  
NAME DOCKRY, KATHLEEN A  
STREET ADDRESS 1500 VALLEY ROAD  
CITY-ST-ZIP WAYNE NJ 07470 ☒ Delete

TITLE PCEO  
NAME CLARK, TERENCE R.  
STREET ADDRESS 11420 SW 88 ST # 207  
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE D  
NAME KIMBERLEY, P A  
STREET ADDRESS BURMAH CASTROL HOUSE PIPERS WAY  
CITY-ST-ZIP SWINDON UK ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE RITA P. CAMPANILE  
NAME SECRETARY  
STREET ADDRESS 1500 VALLEY ROAD  
CITY-ST-ZIP WAYNE, NEW JERSEY 07470 ☐ Change ☒ Addition

TITLE JAMES P. ARNOUD  
NAME ASST SECY  
STREET ADDRESS 1500 VALLEY ROAD  
CITY-ST-ZIP WAYNE, NEW JERSEY 07470 ☐ Change ☒ Addition

TITLE GRAHAM J. LOWDAY  
NAME TREASURER  
STREET ADDRESS 8125 SW 80TH AVE  
CITY-ST-ZIP MIAMI, FLORIDA 33143 ☐ Change ☒ Addition

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 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

GRAHAM J. LOWDAY TREASURER

30 APR 2000

Date

305-270-9433

Daytime Phone #

CR2E034 (9/99)