

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 08, 2001 08:00 AM**
Secretary of State**DOCUMENT # P96000045997**1. Entity Name
CARIBBEAN TECHNOLOGY, INC.

Principal Place of Business

8181 NW 36TH STREET
20 E-F
MIAMI
33172

FL

US

Mailing Address

8181 NW 36TH STREET
20 E-F
MIAMI
33166

FL

US

2. Principal Place of Business

8181 NW 36TH STREET
Suite, Apt. #, etc.
20 E-F

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI FL

City & State

4. FEI Number

65-0766118

Applied For

Not Applicable

Zip

33166

Country

US

Zip

Country

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

6. Name and Address of Current Registered Agent

LEE STEPHEN
8181 NW 36TH STREET
SUITE 20-F
MIAMI
33166

FL

US

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)

01/08/2001

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, 2001 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	D	<input type="checkbox"/> Delete
NAME	HENRY EWART E	
STREET ADDRESS	10-12 GRENADA CRESCENT	
CITY-ST-ZIP	KINGSTON 5, JAMAICA W.I.	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHIN RICHARD K	
STREET ADDRESS	10-12 GRENADA CRESCENT	
CITY-ST-ZIP	KINGSTON 5, JAMAICA W.I.	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH WENDELL A	
STREET ADDRESS	10-12 GRENADA CRESCENT	
CITY-ST-ZIP	KINGSTON 5, JAMAICA W.I.	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAILEY LLEWELYN A	
STREET ADDRESS	2 CONSTANT SPRING ROAD	
CITY-ST-ZIP	KINGSTON 10, JAMAICA W.I.	
TITLE	D	<input type="checkbox"/> Delete
NAME	REYNOLDS LANCELOT F	
STREET ADDRESS	2 CONSTANT SPRING ROAD	
CITY-ST-ZIP	KINGSTON 10, JAMAICA W.I.	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Stephen O. Lee

Mr.

01/08/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)