2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004445

FILED Jun 17, 2009 Secretary of State

Certificate of Status Desired ()

Entity Name: UNITED CARIBBEAN ARTISTS ART GALLERY, INC.

Current Principal Place of Business: New Principal Place of Business:

2134 LOU DR. W JACKSONVILLE, FL 32216 KISSIMMEE, FL 34759

Current Mailing Address: New Mailing Address:

P.O. BOX 57183 635 FISHER CT. KISSIMMEE, FL 34759 JACKSONVILLE, FL 32241

FEI Number Applied For () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

CASSEUS, CANTAVE 2134 LOU DR. W. JACKSONVILLE, FL 32216 US

OFFICERS AND DIRECTORS:

FEI Number: 32-0020173

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

FEI Number Not Applicable ()

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

CASSEUS, CANTAVE CASSEUS, CANTAVE Name: Name: 2134 LOU DR. W Address: 635 FISHER CT Address: City-St-Zip: JACKSONVILLE, FL 32216 City-St-Zip: KISSIMMEE, FL 34759

Title: CEO () Delete Title: CEO (X) Change () Addition

Name: CASSEUS, SUZE V Name: CASSEUS, SUZE V Address: 2134 LOU DR. W Address: 635 FISHER City-St-Zip: JACKSONVILLE, FL 32216 City-St-Zip: KISSIMMEE, FL 34759

Title: () Delete Title: () Change () Addition

FLEURY, DICKENSON Name: Name: 13605 N. 42ND ST. # 1201 Address: Address: City-St-Zip: TAMPA, FL 33613 City-St-Zip:

Title: () Delete Title: (X) Change () Addition

Name: MIDI, HERMITE F Name: MIDI, HERMITE F 7100 S. ORANGE BLOSSOM TR. # 417 Address: Address: 635 FISHER CT City-St-Zip: ORLANDO, FL 32809 City-St-Zip: KISSIMMEE, FL 34759

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SUZE V CASSEUS CEO 06/17/2009