

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004469

FILED
Apr 29, 2013
Secretary of State
CC8322212154

Entity Name: UNIVERSITY COLLEGE OF THE CARIBBEAN FOUNDATION - U.S., INC.

Current Principal Place of Business:

16015 SW 150TH STREET
MIAMI, FL 33196

Current Mailing Address:

16015 SW 150TH STREET
MIAMI, FL 33196 US

FEI Number: 06-1746554

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

ROOMES, DONALD DMR
16015 SW 150TH STREET
MIAMI, FL 33196 US

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

Officer/Director Detail :

Title CHAIRMAN
Name THOMPSON, HERBERT DR.
Address 17 WORTHINGTON AVENUE
City-State-Zip: KINGSTON 5

Title DIRECTOR
Name SEAGS, CARLA MRS.
Address 17 WORTHINGTON AVENUE
City-State-Zip: KINGSTON 5

Title T
Name WAN, DAVID MR.
Address 52-60 GRENEDA CRESCENT
City-State-Zip: KINGSTON 5, JAMAICA WI

Title DIRECTOR
Name ROOMES, DONALD DMR.
Address 16015 SW 150TH STREET
City-State-Zip: MIAMI FL 33196

Title DIRECTOR
Name ADAMS, WINSTON DR.
Address 10190 REGENT PARK DR
City-State-Zip: ORLANDO FL 32825

Title DIRECTOR
Name ADAMS, GERALDINE MRS.
Address 17 WORTHINGTON AVENUE
City-State-Zip: KINGSTON 5

Title EXECUTIVE SECRETARY
Name BROWN-HAMILTON, VEL MA DR.
Address 2-6 GRENADA CRESCENT
City-State-Zip: KINGSTON 5

Title DIRECTOR
Name GRIFFITHS-IRVING, JOYLENE MRS.
Address CNR. DUKE & PORT ROYAL
STREETS, KINGSTON
City-State-Zip: KINGSTON

Continues on page 2

I hereby 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 all other like empowered.

SIGNATURE: GERALDINE ADAMS

DIRECTOR

04/29/2013

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name DALEY, EVERARD MR.
Address 124 MARCIA DRIVE,
 SUITE A
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title DIRECTOR
Name KONG, MARCIA PHD
Address 6531 SUNSET STRIP
 SUITE A
City-State-Zip: SUNRISE FL 33313

Title DIRECTOR
Name PEART, ALESHA MRS.
Address 17 WORTHINGTON AVENUE
City-State-Zip: KINGSTON 5