

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N22000012192

**Entity Name:** UNITED CARIBBEAN VOTERS ASSOCIATION

**Current Principal Place of Business:**

8620 NW 15TH ST  
PEMBROKE PINES, FL 33024

**Current Mailing Address:**

8620 NW 15TH ST  
PEMBROKE PINES, FL 33024 UN

**FEI Number:** 92-2869455

**Certificate of Status Desired:** No

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

JOSEPH, PIERRE G  
8620 NW 15TH ST  
PEMBROKE PINES, FL 33024 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 P  
Name CORIOLAN, DOMINIQUE  
Address 8620 NW 15TH ST  
City-State-Zip: PEMBROKE PINES FL 33024

Title VP  
Name LAPLANTE, NATHANAEL P  
Address 8620 NW 15TH ST  
City-State-Zip: PEMBROKE PINES FL 33024

Title SECRETARY  
Name FLEURIMOND, EMMANUELA  
Address 8620 NW 15TH ST  
City-State-Zip: PEMBROKE PINES FL 33024

Title TR  
Name JOSEPH, PIERRE  
Address 8620 NW 15TH ST  
City-State-Zip: PEMBROKE PINES FL 33024

Title MEMBER  
Name POMPEE, JEAN ARMAND  
Address 1077 NE 157TH TERR  
City-State-Zip: NORTH MIAMI BEACH FL 33162

*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:** PIERRE GERSON JOSEPH

04/25/2025

Electronic Signature of Signing Officer/Director Detail

Date