## **2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F93000003526

Entity Name: THE HERZFELD CARIBBEAN BASIN FUND, INC.

**FILED** Feb 01, 2021 Secretary of State 2204037537CC

# **Current Principal Place of Business:**

119 WASHINGTON AVE

SUITE 504

MIAMI BEACH, FL 33139

## **Current Mailing Address:**

119 WASHINGTON AVE SUITE 504

MIAMI BEACH, FL 33139 US

FEI Number: 65-0396889 Certificate of Status Desired: No

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

HERZFELD, ERIK M 119 WASHINGTON AVE SUITE 504 MIAMI BEACH, FL 33139 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: ERIK M HERZFELD 02/01/2021

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Address

Title DIRECTOR Title DIRECTOR Name HERZFELD, THOMAS J Name LIEFF, ANN

119 WASHINGTON AVE 119 WASHINGTON AVE Address Address

> SUITE 504 SUITE 504

City-State-Zip: MIAMI BEACH FL 33139 City-State-Zip: MIAMI BEACH FL 33139

Title **DIRECTOR** Title **DIRECTOR** Name GONDOR, CECILIA Name TATUM, KAY

Address 119 WASHINGTON AVE Address 119 WASHINGTON AVE

> SUITE 504 SUITE 504

City-State-Zip: MIAMI BEACH FL 33139 City-State-Zip: MIAMI BEACH FL 33139

Title DIRECTOR Title **PRESIDENT** GELETY, JOHN HERZFELD, ERIK Name Name

Address 119 WASHINGTON AVE Address 119 WASHINGTON AVENUE SUITE 504

SUITE 504

City-State-Zip: MIAMI BEACH FL 33139 City-State-Zip: MIAMI BEACH FL 33139

CHIEF COMPLIANCE OFFICER, ASST. Title Title **TREASURER** 

SECRETARY Name RICHMOND, ZACHARY P.

MORGAN, THOMAS K Name Address 119 WASHINGTON AVE

119 WASHINGTON AVE SUITE 504

SUITE 504

MIAMI BEACH FL 33139 City-State-Zip: City-State-Zip: MIAMI BEACH FL 33139

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**OFFICER** 

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

02/01/2021 SIGNATURE: THOMAS KENNETH MORGAN CHIEF COMPLIANCE

Electronic Signature of Signing Officer/Director Detail

Date

# Officer/Director Detail Continued:

Title SECRETARY
Name THAM, ALICE H.

Address 119 WASHINGTON AVE

SUITE 504

City-State-Zip: MIAMI BEACH FL 33139