

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM**
Secretary of State**DOCUMENT # F00000004408****1. Entity Name**
JAMAICA FOUNDATION FOR CARDIAC DISEASE LIMITED INC.**Principal Place of Business**
% ROY DINHAM
1522 BREESE STREET
PALM BAY FL 32905**Mailing Address**
% ROY DINHAM
1522 BREESE STREET
PALM BAY FL 32905**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3690744

Applied For

Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**DINHAM ROY
1522 BREESE STREET

PALM BAY FL
32905 USName
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** **04/30/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE**FILE NOW:**
FEE IS \$61.25**9. Election Campaign Financing**
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees****Make Check Payable to Department of State****10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10****TITLE** **D** ☐ Delete
NAME BELL CARMEN
STREET ADDRESS 20 CONSTANT SPRING ROAD, KINGSTON 10
CITY-ST-ZIP JAMAICA W.I.**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** **VC** ☐ Delete
NAME SPENCER HOWARD
STREET ADDRESS UNIT #20, 2 SEYMOUR AVENUE, KINGSTON 6
CITY-ST-ZIP JAMAICA W.I.**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** **T** ☐ Delete
NAME BROWN SONIA
STREET ADDRESS 10 LIGUANE WAY, KINGSTON 6
CITY-ST-ZIP JAMAICA W.I.**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** **SD** ☐ Delete
NAME WALKER LOREEN
STREET ADDRESS 2 ST. LUCIA AVENUE, KINGSTON 10
CITY-ST-ZIP JAMAICA W.I.**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** **PC** ☐ Delete
NAME DINHAM-SPENCER BEVERLEY
STREET ADDRESS UNIT #20, 2 SEYMOUR AVENUE/KINGSTON 6
CITY-ST-ZIP JAMAICA W.I.**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.****SIGNATURE:** DINHAM-SPENCER BEVERLEY PC 04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/00)