

F150000000700

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

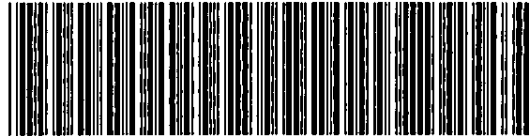
Special Instructions to Filing Officer:

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FEB 19 2015

T. SCOTT



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RECEIVED
FEB 19 2015
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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Caribbean Water and Wastewater Association, Incorporated
Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Jason A. Johnson

Name of Person

CWWA

Firm/Company

c/o Pure Technologies

878 S. Dixie Highway, 2nd Floor

Address

Coral Gables, FL 33146

City/State and Zip Code

jason.johnson@puretechltd.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jason A. Johnson

Name of Person

at (305) 779-5629

Area Code & Daytime Telephone Number

MAILING ADDRESS:
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input checked="" type="checkbox"/> \$87.50 Filing Fee.
Certificate of Status &
Certified Copy |
|---|--|---|--|

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO
CONDUCT ITS AFFAIRS IN FLORIDA**

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN
THE STATE OF FLORIDA:

1. Caribbean Water and Wastewater Association, Incorporated
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like
import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained
in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

N/A

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Trinidad, W.I. 3. N/A
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. August 5, 1991 5. perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. N/A
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. Farm Rd., St. Joseph, Trinidad, W.I.
(Principal office address)

878 S. Dixie Highway, 2nd Floor, Coral Gables, FL 33146
(Current mailing address)

8. Bring together the water & sanitation community in the Caribbean towards the protection of public health & promotion of sustainable development
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)


Name: Jason A. Johnson

Office Address: CWWA c/o Pure Technologies, 878 S. Dixie Hwy, 2nd FL

Coral Gables 33146
(City) , Florida (Zip Code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors

A. DIRECTORS

Chairman: Jason A. Johnson

Address: CWWA c/o Pure Technologies, 878 S. Dixie Highway, 2nd Floor
Coral Gables, FL 33146

Vice Chairman: Stella Saunders

Address: V.I. Waste Management Authority, 3200 Demarara
St. Thomas, V.I. 00802

Director: Cyprian Gibson

Address: No. 4, Governor's Beach Road, Cable Beach Road, CB-11172
Nassau, Bahamas

Director: Carol Gill

Address: 3 Turtle Ridge Apartments, Mount Standfast
St. James, Barbados

B. OFFICERS

President: Jason A. Johnson

Address: CWWA c/o Pure Technologies, 878 S. Dixie Highway, 2nd Floor
Coral Gables, FL 33146

Vice President: Carol Gill

Address: 3 Turtle Ridge Apartments, Mount Standfast
St. James, Barbados

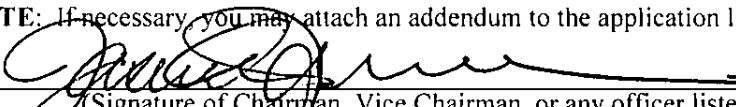
Secretary: Casandra LaFleur

Address: CWWA, Farm Rd., St. Joseph, Trinidad, W.I.

Treasurer: Shanika Cudjoe

Address: CWWA, Farm Rd., St. Joseph, Trinidad, W.I.

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

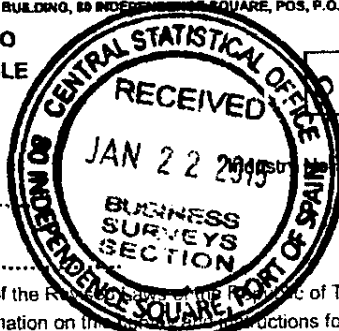
14. Jason A. Johnson, Chairman & President of CWWA
(Typed or printed name and capacity of person signing application)

CONFIDENTIAL

TO BE COMPLETED AND RETURNED TO THE CENTRAL STATISTICAL OFFICE, NATIONAL STATISTICS BUILDING, 80 INDEPENDENCE SQUARE, POS, P.O. BOX 88



REPUBLIC OF TRINIDAD AND TOBAGO
MINISTRY OF PLANNING & SUSTAINABLE
DEVELOPMENT
CENTRAL STATISTICAL OFFICE
BUSINESS SURVEYS SECTION
SURVEY OF ESTABLISHMENTS 2013
GENERAL LONG FORM



Serial No.

039565

190202

Date due for submission to C.S.O.

This survey is conducted in accordance with the Statistics Act, Chapter 19:02 of the Republic of Trinidad & Tobago (1981). For enquires, please Phone: 623-4493, Ext. 4414 - 4423, Fax 625-3802. Information on the instructions for the completion of this form can also be accessed from our website: www.cso.gov.tt Please read instructions carefully before completing questionnaire.

SECTION 1 - CHARACTERISTICS OF ESTABLISHMENT

1.1 Name of establishment: CARIBBEAN WATER AND WASTEWATER ASSOCIATION, Incorporated

1.2 Address of establishment: % WASA, FARM ROAD, ST JOSEPH

Phone number: 868-645-8681

Fax: 868-645-7849

Email: cwwattsecretariat@gmail.com

Website: www.cwwa.net

1.3 Name and Address of Enterprise/Firm which operates this establishment
 (if different from above) _____

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TTSIC

Rev. 2 ISIC

Rev. 3 ISIC

Rev. 4 ISIC

1.4 Activity of Establishment (LIST ACTIVITIES IN ORDER OF IMPORTANCE)

(1) ANNUAL ROTATIONAL CARIBBEAN CONFERENCE & EXHIBITION

(2) ANNUAL RENEWAL PROFESSIONAL MEMBERSHIP

(3) TRAINING WORKSHOPS IN THE WATER & SANITATION SECTOR

1.5 Give reference period for data supplied in this return JULY 2012 - JUNE 2013
 E.g. 1st January - 31st December 2011 / 1st April 2011 - 31st March 2012

Year of Employment

2.1 State number employed at the end of the following periods

May

November

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1

2

Employment Fig.

1.6 Year began operation 1991

County Ward

1.7 Type of Ownership (Please tick one)

☐ Sole Proprietorship

☐ Partnership

☐ Private Limited Company

☐ Public Limited Company

☐ Government

☐ Co-operative

☐ Non-Profit Institution

☐ Other (Specify): _____

☐ Type of Ownership

Ownership Equity

1.8 Ownership of Equity

% Foreign

Country

100 % National

Community Code

Regional Corporation

Note:

1. You are a resident individual or enterprise if you have lived or operated (or intend to live or operate) in Trinidad and Tobago for a year or more, regardless of your nationality. Non-resident individuals or enterprises are those who have lived or operated (or intend to live or operate) outside of Trinidad & Tobago for a year or more (even if they hold Trinidad and Tobago nationality). We are interested in residency (or where the centre of business is located), and not nationality.

2. PLEASE GIVE ESTIMATES WHERE ACTUAL DATA ARE NOT AVAILABLE AND INDICATE BY (E) WHERE THIS IS DONE.

(NAME IN BLOCK LETTERS)

30/06/2014

Date Completed

675-5520

Contact No: External Accountant / Auditor

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Questionnaire completed by:

Date Completed**ESTABLISHMENT:**[illegible][illegible]