

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2000 8:00 am
Secretary of State
 02-28-2000 90025 015 ***150.00

DOCUMENT # F99000001666

1. Entity Name
CARIBE REALTY ASSOCIATES, INC.

Principal Place of Business Mailing Address
 BOX 2222 PO BOX 2222
 COMMONWEALTH OF DOMINICA ROSEAU, COMMONWEALTH OF DOMINICA
 WEST INDIES WEST INDIES

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number **APPLIED FOR**
S2-2154444
 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
POLLOCK, DAVID A
68 S. IVANHOE BLVD.
ORLANDO FL 32804
 Name
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒ **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State
 10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PC	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLLOCK, DAVID A	NAME	
STREET ADDRESS	68 S. IVANHOE BLVD.	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32804	CITY-ST-ZIP	
TITLE	V	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOMA, RICHARD	NAME	
STREET ADDRESS	CANEFIELD RD & IMPERIAL HWY	STREET ADDRESS	
CITY-ST-ZIP	ROSEAU, DOMINICA, W.I.	CITY-ST-ZIP	
TITLE	TSVC	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, PAUL M	NAME	
STREET ADDRESS	CANEFIELD RD & IMPERIAL HWY	STREET ADDRESS	
CITY-ST-ZIP	ROSEAU, DOMINICA, W.I.	CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *David Pollock* **2/14/00** **(407) 425-4615**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)