

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G05320

1. Entity Name

CARIBBEAN FOREIGN TRADE CORPORATION

Principal Place of Business

11014 NW 33RD ST
SUITE 100
MIAMI FL 33172
US

Mailing Address

11014 NW 33RD ST
SUITE 100
MIAMI FL 33172-5025
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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
NAME
STREET ADDRESS
CITY-ST-ZIP
V
HOUBEN, P A
BENELUXESTE, BENELUXLANN GOG
UTRECHT TH ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
HOLBEN, P.A.
BISON SPOOR 8000
3605 LT MAARSEN ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
ALTINK, ALEX
BEETHOVENLAAN 7
1217 CG HILUERSUM TH ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
NIEMANTS VERDRIET, M
BISON SPOOR 8000
3605 LT MAARSEN ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TS
ROOS, F
13820 SW 107 AVE
MIAMI FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
~~XXXXXXXXXX~~ ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
VERKUIJSSE, P-J
1195 MITCHELL MANOR CIRCL
MIAMI FL 33156 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
~~XXXXXXXXXX~~ ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
~~XXXXXXXXXX~~ ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
~~XXXXXXXXXX~~ ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
~~XXXXXXXXXX~~ ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
~~XXXXXXXXXX~~ ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB 7 - 2000 305 591 2133

Date

Daytime Phone #

FILED

Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90055 018 ***150.00

80020683



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2246350

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

CR2E034 (9/99)