

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90052 034 ***150.00

DOCUMENT # K83926
 1. Entity Name
NEW ZEALAND MILK (CARIBBEAN), INC.

Principal Place of Business Mailing Address
ONE FINANCIAL PLAZA **ONE FINANCIAL PLAZA**
SUITET 2700 **SUITET 2700**
FT. LAUDERDALE FL 33394 **FT. LAUDERDALE FL 33394**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 58-1754456		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
THE PRENTICE-HALL CORPORATION SYSTEM INC. 110 N. MAGNOLIA TALLAHASSEE FL 32301				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) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EGLINTON, SCOTT			NAME			
STREET ADDRESS	ONE FINANCIAL PLAZA, #2001			STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL 33314			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TRABAL, MARY J			NAME			
STREET ADDRESS	ONE FINANCIAL PLAZA, #2001			STREET ADDRESS	One Financial Plaza, Ste #2700		
CITY-ST-ZIP	FT. LAUDERDALE FL			CITY-ST-ZIP	33394		
TITLE	D	<input type="checkbox"/> Delete		TITLE	P.D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PESTANA, JUAN C			NAME	Pestana, Juan C.		
STREET ADDRESS	1 FINANCIAL PLAZA #2001			STREET ADDRESS	One Financial Plaza, #2700		
CITY-ST-ZIP	FT LAUDERDALE FL			CITY-ST-ZIP	FL 33394		
TITLE		<input type="checkbox"/> Delete		TITLE	D - J - ore	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				NAME	Chris Moore		
STREET ADDRESS				STREET ADDRESS	One Financial Plaza, #2700		
CITY-ST-ZIP				CITY-ST-ZIP	FL 33394		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		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: Mary Jo Trabal 4/23/02 954-281-5319
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)