

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2003 8:00 am
Secretary of State

05-08-2003 90169 041 ***150.00

0373664 AV

DOCUMENT # K83926

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



Principal Place of Business
**ONE FINANCIAL PLAZA
SUITE 2700
FT. LAUDERDALE FL 33394**

Mailing Address
**ONE FINANCIAL PLAZA
SUITE 2700
FT. LAUDERDALE FL 33394**



2. Principal Place of Business
2400 N. Commerce Parkway

3. Mailing Address
2400 N. Commerce Prkway

Suite, Apt. #, etc.
Suite 300

Suite, Apt. #, etc.
Suite 300

☐ CHECK HERE IF MAKING CHANGES

City & State
Weston, FL

City & State
Weston, FL

4. FEI Number
58-1754456

Applied For
☐ Not Applicable

Zip
33326

Country
USA

Zip
33326

Country
USA

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

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
110 N. MAGNOLIA
TALLAHASSEE FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

City
Tallahassee

FL Zip Code
32301

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. I am familiar with, and accept the obligations of registered agent.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5/6/03

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **S** ☐ Delete
NAME **TRABAL, MARY J**
STREET ADDRESS **ONE FINANCIAL PLAZA STE #2700**
CITY-ST-ZIP **FT LAUDERDALE FL 33394**

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

TITLE **PD** ☐ Delete
NAME **PESTANA, JUAN C**
STREET ADDRESS **ONE FINANCIAL PLAZA STE #2700**
CITY-ST-ZIP **FT. LAUDERDALE FL 33394**

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

TITLE **D** ☐ Delete
NAME **MOORE, CHRIS**
STREET ADDRESS **ONE FINANCIAL PLAZA STE #2700**
CITY-ST-ZIP **FT. LAUDERDALE FL 33394**

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

TITLE ☐ Delete
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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)(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

 **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/03
Date

954-452-5761
Daytime Phone #

CR2E034 (10/02)