

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 05, 2002 8:00 am
Secretary of State

08-05-2002 90003 008 ***550.00

DOCUMENT # L64182

1. Entity Name
CARIBBEAN PUBLISHING CO., INC.

Principal Place of Business

2655 LE JEUNE RD
 SUITE 800
 CORAL GABLES FL 33134
 US

Mailing Address

2655 LE JEUNE RD
 SUITE 800
 CORAL GABLES FL 33134
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0193859

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ARROYO, NANCY M ESQ
ARROYO PROFESSIONAL ASSOCIATION
1928 S. PARTICK DRIVE
INDIAN HARBOUR BEACH FL 32937

7. Name and Address of New Registered Agent

Name **ARROYO, Nancy M ESQ**
 Street Address (P.O. Box Number is Not Acceptable) **ARROYO Professional Association**
6701 S.W. 72nd Street, Ste 104
 City **Miami, FL** Zip Code **33143**

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 **(Change of R.A. address only; not a new Registered Agent) Nancy M. Arroyo**
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE **8/1/02**

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, 2002 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

TITLE	MD	<input checked="" type="checkbox"/> Delete
NAME	CATALANOTTO, TONY	
STREET ADDRESS	ONE PADDINGTON PLACE, STE 305	
CITY-ST-ZIP	GEORGETOWN, GRAND CAYMAN CA	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PIERRE, SIMONEAU	
STREET ADDRESS	P.O. BOX 688	
CITY-ST-ZIP	GRAND CAYMAN CA	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MANCINI, JOHN	
STREET ADDRESS	1600 RENE LEVESQUE WEST, RM 1850	
CITY-ST-ZIP	MONTREAL, QUEBEC CN H3-41P9	
TITLE	SCFO	<input type="checkbox"/> Delete
NAME	VINCENT, AVA A	
STREET ADDRESS	ONE PADDINGTON PLACE STE 305	
CITY-ST-ZIP	GEORGETOWN, GRAND CYMAN CA	
TITLE	AS	<input type="checkbox"/> Delete
NAME	CAYMANMANAGEMENT SERVICES LTD.	
STREET ADDRESS	GROUNG FLOOR HARBOUR CENTER	
CITY-ST-ZIP	GEORGETOWN, GRAND CAYMAN CA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Randy French	
STREET ADDRESS	19 Elliott Street, P.O. Box HM 902	
CITY-ST-ZIP	Hamilton HM DX, Bermuda	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Claude Bourque	
STREET ADDRESS	48 Church St., P.O. Box HM 2459	
CITY-ST-ZIP	Hamilton HM JX, Bermuda	
TITLE	CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David Reid	
STREET ADDRESS	One Paddington Place, Ste 305	
CITY-ST-ZIP	Georgetown, Grand Cayman	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/31/02
 Date

(345) 814-1750
 Daytime Phone #

CR2E034 (9/01)