

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 14, 2001 8:00 am**  
**Secretary of State**

03-14-2001 90010 028 \*\*\*150.00

**DOCUMENT #** M 57703

**1. Entity Name**

Caribbean Research & Development Corporation

**Principal Place of Business**

2737 E Oakland Park Boulevard  
Suite 202  
P.O. Drawer 9237  
Ft. Lauderdale, FL 33310-9237

**Mailing Address**

P.O. Drawer 9237  
Ft. Lauderdale  
FL 33310-9237

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number**

65-0037568

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**

**7. Name and Address of New Registered Agent**

CARLON, John T., Jr.  
2737 E. Oakland Park Blvd. #202  
Fort Lauderdale, FL 33306

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, 2001 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** D V T ☐ Delete  
**NAME** Carlon, John T. Jr.  
**STREET ADDRESS** 2737 E. Oakland Park Blvd #202  
**CITY-ST-ZIP** Ft. Lauderdale, FL 33306

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

**TITLE** D P ☐ Delete  
**NAME** Davey, G.R.  
**STREET ADDRESS** 2737 E. Oakland Park Blvd. #202  
**CITY-ST-ZIP** Ft. Lauderdale, FL 33306

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

**TITLE** D S ☐ Delete  
**NAME** James, C.A.  
**STREET ADDRESS** 2737 E. Oakland Pk. Blvd. #202  
**CITY-ST-ZIP** Fort Lauderdale, FL 33306

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN T. CARLON, JR.

(954) 563-2250

Daytime Phone #

CR2E034 (1/100)