2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 AM
Secretary of State

DOCUMENT# N00000001946

Entity Name: DE WHOOPS MASSIVE CARIBBEAN CULTURE ASSOCIATION INC.

Current Principal Place of Business:

1539 DEMING DR.
ORLANDO, FL 32825

New Principal Place of Business:

Current Mailing Address:

1539 DEMING DR.
ORLANDO, FL 32825

New Mailing Address:

FEI Number: 59-3638952 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BHOLIA, DERECK
1539 DEMING DR.
ORLANDO, FL 32825 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	BHOLAI, DERECK	
Address:	1539 DEMING DR.	
City-St-Zip:	ORLANDO, FL 32825	
Title:	DV	( ) Delete
Name:	BHOLAI, OMA	
Address:	1539 DEMING DR.	
City-St-Zip:	ORLANDO, FL 32825	
Title:	DS	( ) Delete
Name:	BHOLAI, ZEP LAWRENCE	
Address:	8351 ACOMA DRIVE	
City-St-Zip:	ORLANDO, FL 32829	
Title:	TD	( ) Delete
Name:	BHOLAI, ERIC	
Address:	8351 ACOMA DRIVE	
City-St-Zip:	ORLANDO, FL 32829	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OMA BHOLAI DV 04/30/2002

Electronic Signature of Signing Officer or Director — Date