

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 15, 2001 8:00 am
Secretary of State

05-18-2001 91234 046 *****70.00

DOCUMENT # N00000003454

1. Entity Name

THE CARIBBEAN BEULAH LAND PROJECT, INC.

Principal Place of Business

4501 N. STATE ROAD 7
 LAUDERDAL LAKES FL 33319

Mailing Address

4501 N. STATE ROAD 7
 LAUDERDAL LAKES FL 33319

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1013697

Applied For

Not Applicable

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

FABRE, GEORGE DR.
 4501 N. STATE ROAD 7
 LAUDERDAL LAKES FL 33319

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

1/8/2001

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	FABRE, GEORGE	
STREET ADDRESS	4501 N. STATE ROAD 7	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33319	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BENING, STEPHEN L	
STREET ADDRESS	5720 LAKESIDE DRIVE, #619	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FABRE, YOLETTE DR.	
STREET ADDRESS	4501 N. STATE ROAD 7	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33319	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RUPERTO, PAUL	
STREET ADDRESS	20733 N.W. 9TH COURT, #107	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RUPERTO, NORMA	
STREET ADDRESS	20733 N.W. 9TH COURT, #107	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAGUERRE, GONEL	
STREET ADDRESS	6930 S.W. 10TH COURT	
CITY-ST-ZIP	NORTH LAUDERDALE FL 33068	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Fred Dutes	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	270 N.W. 149 ST	
STREET ADDRESS	MIAMI FL. 33168	
CITY-ST-ZIP		
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		

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 617, 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

DATE

Daytime Phone #

1/8/2001 (954) 735-8051

CR2E037 (10/00)