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200	2001 UNIFORM BUSINESS REPORT (UBR)			R)	page 1st			
4 Entity Non	MENT # 100000				,	·		
INT L FOUNDATION OF CARIBBEAN-AMERICAN, INC.		rc. FII	FILED					
Principal Place of Business · , Mailing Address			O1 NOV I	01 NOV 15 PM 6: 07				
2880 WEST OAKLAND PARK BOULEVARD SUITE XXX #205 OAKLAND PARK, FL 33311				TALLAHAS:	Y OF STATE SEE, FLORIDA IOOO4706	6143		
2. Principal Place of Business 2880 W. OAKLAND PARK Same			2					
Suite, Apt. #, etc. 205			DO NOT WRITE IN THIS SPACE					
OAKL	City & State  OAKLAND PARK, 500 11			4. FE! Number 6.5	4. FEI Number Applied For Not Applicable			
	Zip Country Zip BROWARD		Country	5. Certificate of	5. Certificate of Status Desired \$8.75 Additional Fee Required			
ļ	6. Name and Address of Current Reg	istered Agent	Name	7. Name and Ad	7. Name and Address of New Registered Agent			
ELAINE WATSON 4960 NW 42nd. ST. LAUDERDALE LAKES, FL 33319			Street Address (P.O. Box Number is Not Acceptable)					
		Cit						
		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								
FILE NOW: FEE IS \$61.25  After September 12, 2001, min. will be \$236.25  9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees	Make Check Departmen				
10.	OFFICERS AND DIRECT	····	11.	ADDITIONS/CHAN	GES TO OFFICERS AND DIR			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR SANDRA BENNETT 4960 NW 42ND ST. LA	□ Delete	NAME STREET ADDRESS CITY-ST-ZIP			Change Ch		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Angela Pereria 3280 Spanish Moss Lauderhill Fl 333		TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Charige ☐ Addition 등		
TITLE  NAME  STREET-ADDRESS-  CITY-ST-ZIP	Director Theodore Schvimmer -7400-Wiles Road #10 Springs, Fl 3306	Delete	TITLE  NAME STREET ADDRESS CITY-ST-ZIP			Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<b>40</b>	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition		

I nereby certify that the information supplied with this filling 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.

118/01 954-485-0950

paye won

## INTERNATIONAL FOUNDATION OF CARIBBEAN AMERICAN, INC.

2880 West Oakland Park Boulevard, # 205 Tel. (954) 485-0950 Oakland Park, Florida 33311 Fax (954) 739-9020

October 29, 2001

Florida Department of State
The Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir/ Madam:

## RE: Int'l. Foundation of Caribbean-American's Inc.

This letter is in reference to a notice received on 10/18/01, administrative dissolution of the above-mentioned Foundation.

Sir/Madam, I beg o differ. This Foundation received no documentation prior to the notice received on the date mentioned. Before one can dissolve a Corporation, it is imperative that your department makes sure that the documents necessary to file were sent to the Foundation. If such a document was ever sent, we did not receive them. If we had, then you can rest assured that it would be given the priority it deserved, and the required fee along with the proper information requested would have been sent off to your department.

Again, let me reiterate we did not receive any document from your department prior to the notice. In lieu of this, I am asking that your department give us the opportunity to file—this document and re-instate our Organization. Enclosed is a check in the amount of \$61.25 the required fee. Thank you.

Sincerely,

Elaine Watson

CC. KHTHERINA HALRIS SECRETARY OF STATE.