

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000005458

1. Entity Name

INTERNATIONAL FOUNDATION OF CARIBBEAN-AMERICAN I
NC.

Principal Place of Business

2880 W OAKLAND PARK BLVD. SUITE 205
FT LAUDERDALE FL 33311

Mailing Address

2880 W OAKLAND PARK BLVD. SUITE 205
FT LAUDERDALE FL 33311

FILED
Sep 12, 2002 8:00 am
Secretary of State

09-12-2002 90068 010 ****61.25

DUPLICATE



2. Principal Place of Business

2880 W. OAKLAND PARK

Suite, Apt. #, etc.

205

City & State

OAKLAND PARK FL 33311

Zip

33311

Country

USA

3. Mailing Address

2880 W. OAKLAND PK. BLVD

Suite, Apt. #, etc.

205

City & State

OAKLAND PARK, FL 33311

Zip

33311

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1073346



Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WATSON, ELAINE

4960 NW 42ND ST

LAUDERDALE LAKES FL 33319

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ELAINE WATSON PRESIDENT

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9/6/02

After September 13, 2002,
min. will be \$236.25.

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 ☐ Delete
NAME D
STREET ADDRESS BENNETT, SANDRA
CITY-ST-ZIP 4960 NW 42ND ST.
LAUDERDALE LAKES FL 33319

TITLE ☐ Delete
NAME D
STREET ADDRESS PERERIA, ANGELA
CITY-ST-ZIP 3280 SPANISH MOSS TERRACE
LAUDERDALE LAKES FL 33319

TITLE ☐ Delete
NAME D
STREET ADDRESS SCHVIMMER, THEODORE
CITY-ST-ZIP 7400 WILES ROAD #101,
CORAL SPRINGS FL 33067

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
NAME
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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:

ELAINE WATSON PRESIDENT

9/6/02

CR2E037 (4/02)