

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000006578

1. Entity Name

CARIBBEAN PERFORMING ARTS COMPANY, INC.

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90708 019 ****70.00

80121582



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
3305 ACAPULCO DR. MIRAMAR FL 33023	P.O. BOX 245996 PEMBROKE PINES FL 33024

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	01-0569163	Applied For
	01-22-2	Not Applicable
5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOLDEN, DIANA
1401 SORRENTO DR.
WESTON FL 33328

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.

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	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	ED	<input type="checkbox"/> Delete
NAME	LEWIS, FRANCIS	
STREET ADDRESS	3305 ACAPULCO DR.	
CITY-ST-ZIP	MIRAMAR FL 33023	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FERGUSON, KERRI-ANN	
STREET ADDRESS	6800 CYPRESS RD., APT. 212	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GOLDEN, DIANA	
STREET ADDRESS	1401 SORRENTO DR.	
CITY-ST-ZIP	WESTON FL 33328	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01 (954) 894-8020

CR2E037 (9/01)