

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02000008516

FILED
Jan 04, 2003
Secretary of State

Entity Name: CARIBBEAN COMMUNITY CENTER, INC.

Current Principal Place of Business:

209 NW 45TH AVE
PLANTATION, FL 33317

New Principal Place of Business:

Current Mailing Address:

209 NW 45TH AVE
PLANTATION, FL 33317

New Mailing Address:

FEI Number: 01-0752007

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CAMPBELL, MONICA
4318 W BROWARD BLVD STE 5
PLANTATION, FL 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: MILFORT, JEAN R
Address: 209 NW 45TH AVE
City-St-Zip: PLANTATION, FL 33317

Title: V () Delete
Name: BORNEUS, OLONDIEU
Address: P.O.BOX 1654
City-St-Zip: FT LAUDERDALE, FL 33302

Title: S () Delete
Name: VERNERETTE, MANEL
Address: 6290 NW 12TH CT
City-St-Zip: SUNRISE, FL 33312

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MILFORT, JEAN R
Address: 209 NW 45TH AVE
City-St-Zip: PLANTATION, FL 33317

Title: D (X) Change () Addition
Name: BORNEUS, OLONDIEU
Address: P.O.BOX 1654
City-St-Zip: FT LAUDERDALE, FL 33302

Title: T (X) Change () Addition
Name: VERNERETTE, MANEL
Address: 6290 NW 12TH CT
City-St-Zip: SUNRISE, FL 33312

Title: T () Change (X) Addition
Name: BORNEUS, OLONDIEU
Address: P.O.BOX 1624
City-St-Zip: FT.LAUDERDALE, FL 33302

Title: D () Change (X) Addition
Name: VERNERETTE, MANEL
Address: 6290 N.W. 12TH COURT
City-St-Zip: SUNRISE, FL 33312

Title: T () Change (X) Addition
Name: MILFORT, JEAN R
Address: 209 N.W. 45TH AVE
City-St-Zip: PLANTATION, FL 33317

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: JEAN R MILFORT

D

01/04/2003

Electronic Signature of Signing Officer or Director

Date