## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## ACNIT # NIAOO47

STREET ADDRESS

CITY-ST-ZIP



FILED May 09, 2003 8:00 am Secretary of State

I. Entity Name CARICOM SPORTS & SOCIAL CLUB, INC.					0.	5-09-2003 90142 0	15 ****61	.25	
0761 NW 33RD MANOR SUNRISE FL 33351 JS		Mailing Address  JACQUELINE CAMPBELL  9761 NW 33RD MANOR  SUNRISE FL 33351  US							
2. Principal Place of Business		3. Mailing Address				<u> </u>	Q(Q() \$1\$*  O)Q()	), TENE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Number NOT APPLICABLE  Applied For Not Applicate				
Zip Country  6. Name and Address of Curre				intry	5. Certificate of Statu			.75 Additional	
				7. Name and Address of New Registered Agent					
	G. Name and Address of Corrent	i A Tiana i An in Marin		Name			-		
CAMPBELL, JACQUELINE 9761 N.W. 33RD MANOR				Street Address (P.O. Box Number is Not Acceptable)					
SUNRISE						·			
COMMOL	1 1. 00001			City		FL	Zip Code		
	named entity submits this statement fo	d	n rogietor	nd office or regist	ered agent or both in the		 amiliar with, a	and accept	
<u></u>	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registere	d Agent signature requi	red when reinstating)	DATE			
t F	FILE NOW: FEE IS \$61.25	1	9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees  Make Check Payable to Florida Department of State			
10.	OFFICERS AND DI	 RECTORS	11.		ADDITIONS/CHANGES	TO OFFICERS AND DI	RECTORS IN	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAMPBELL, JACQUELINE 9761 N.W. 33RD MANOR	☐ Delete					☐ Change	Addition	
TITLE	SUNRISE FL MD LYN, DEZLIN 5211-N.W-28TH-STREET, #2 LAUDERHILL FL 33313	14800-Nm.19th-G	TITL NAM STR CIT	· 1		المراجع الموسانية أشال	← Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CLARKE, PHYLLIS 4730 N.W. 20 CT. LAUDERHILL FL	☐ Delete		i			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ENODERINEE 1 2	☐ Delete					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		ı			Change	Addition	
TITLE NAME		☐ Delete	TIT NA	l l			Change	☐ Addition	

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.

CITY-ST-ZIP

954-831-1252