

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000005841

1. Entity Name

CARIBBEAN COUNCIL FOR THE BLIND INTERNATIONAL, I

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90080 014 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1200 SOUTH PINE ISLAND ROAD LOWER ALL SAINTS RD PLANTATION FL 33324	LOWER ALL SAINTS ROAD. P.O. BOX 1517 ST. JOHN'S ANTIGUA WEST INDIES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number	Applied For
65-0580190	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEMS
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ (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	PD	<input type="checkbox"/> Delete
NAME	AVRIL, ANTHONY	
STREET ADDRESS	POST OFFICE BOX 788	
CITY-ST-ZIP	CASTRIES ST. LUCIA W. INDIES	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MAULE, RAPHAEL	
STREET ADDRESS	C/O CYRIL SCOTT TANNIA LANE	
CITY-ST-ZIP	TRINIDAD WEST INDIES	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BENJAMIN, LONDEL	
STREET ADDRESS	POST OFFICE BOX 894 ST JOHN'S	
CITY-ST-ZIP	ANTIGUA, WEST INDIES	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GRANT, ARVEL	
STREET ADDRESS	POST OFFICE BOX 1142 ST JOHN'S	
CITY-ST-ZIP	ANTIGUA, WEST INDIES	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARSON, LOLA	
STREET ADDRESS	111 1/2 HOPE ROAD	
CITY-ST-ZIP	KINGSTON 6, JAMAICA W.I.	
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	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAULE, RAPHAEL	
STREET ADDRESS	% P.O. BOX 360 B, PORT-OF-SPAIN	
CITY-ST-ZIP	TRINIDAD, WEST INDIES.	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARSON, LOLA	
STREET ADDRESS	111 1/2 HOPE ROAD	
CITY-ST-ZIP	KINGSTON, C.S.O. JAMAICA. W.I.	
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 lines empowered.

SIGNATURE: **SIGNATURE REQUIRED ARVEL GRANT** 00-03-21 1-268-462-6369
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)