

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 11, 2001 8:00 am
Secretary of State

05-11-2001 90099 010 ****61.25

DOCUMENT # N94000005841

1. Entity Name

CARIBBEAN COUNCIL FOR THE BLIND INTERNATIONAL, I

Principal Place of Business

1200 SOUTH PINE ISLAND ROAD
LOWER ALL SAINTS RD
PLANTATION FL 33324

Mailing Address

LOWER ALL SAINTS ROAD. P.O. BOX 1517
ST. JOHN'S ANTIGUA
WEST INDIES

2. Principal Place of Business

3800 INVERARY BLVD

3. Mailing Address

3800 INVERARY BLVD.

Suite, Apt. #, etc.

101-K

Suite, Apt. #, etc.

101-K

City & State

LAUDERHILL, FL

City & State

LAUDERHILL, FL.

Zip

33319

Country

USA.

Zip

33319

Country

USA

4. FEI Number

65-0580190

Applied For

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

ARVEL L. GRANT

Street Address (P.O. Box Number is Not Acceptable)

3800 INVERARY BLVD.

SUITE 101-K

City

LAUDERHILL, FL.

FL

Zip Code

33319

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 ARVEL L. GRANT - SECRETARY/DIRECTOR.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

01-04-27

FILE NOW:
FEE IS \$61.25

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 PD ☐ Delete
NAME AVRIL, ANTHONY
STREET ADDRESS POST OFFICE BOX 788
CITY-ST-ZIP CASTRIES ST. LUCIA W. INDIES

TITLE VD ☐ Delete
NAME MAULE, RAPHAEL
STREET ADDRESS C/O CYRIL SCOTT TANNIA LANE
CITY-ST-ZIP TRINIDAD WEST INDIES

TITLE TD ☐ Delete
NAME BENJAMIN, LONDEL
STREET ADDRESS POST OFFICE BOX 894 ST JOHN'S
CITY-ST-ZIP ANTIGUA, WEST INDIES

TITLE SD ☐ Delete
NAME GRANT, ARVEL
STREET ADDRESS POST OFFICE BOX 1142 ST JOHN'S
CITY-ST-ZIP ANTIGUA, WEST INDIES

TITLE D ☐ Delete
NAME MARSON, LOLA
STREET ADDRESS 111 1/2 HOPE ROAD
CITY-ST-ZIP KINGSTON 6, JAMAICA W.I.

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 VD ☒ Change ☐ Addition
NAME MAULE, RAPHAEL
STREET ADDRESS 318, MELODIANS CRESCENT, MALABAR
CITY-ST-ZIP ARIMA, TRINIDAD - W.I.

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

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

TITLE D ☒ Change ☐ Addition
NAME MARSON, LOLA
STREET ADDRESS P.O. BOX 8178
CITY-ST-ZIP KINGSTON, C.B.O., JAMAICA W.I.

TITLE ☐ Change ☐ 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

ARVEL L. GRANT - 01-04-27 - 268-462-6369

Date

Daytime Phone #

CR2E037 (10/00)