

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State
 05-02-2000 90103 025 ****70.00

DOCUMENT # N95000000323

1. Entity Name

FCCA FOUNDATION FOR THE CARIBBEAN, INC.

Principal Place of Business

Mailing Address

11200 PINES BLVD
 STE 201
 PEMBROKE PINES FL 33026

~~P.O. BOX 200436~~
 WESTON FL 33026-6436

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11200 Pines Blvd.

Suite 201

Pembroke Pines, FL

33026

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0378064

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MICHELE M. PAIGE
 11200 PINES BLVD
 STE 201
 PEMBROKE PINES FL 33026

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. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	ARISON, MICKY	
STREET ADDRESS	3655 NW 87 AVE	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	SASSO, RICHARD E	
STREET ADDRESS	1050 CARIBBEAN WAY	
CITY-ST-ZIP	MIAMI FL 33132	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	PAIGE, MICHELE M	
STREET ADDRESS	11200 PINES BLVD- STE 201	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	
TITLE	D	<input type="checkbox"/> Delete
NAME	KATSOUFIS, PARIS	
STREET ADDRESS	1045 N. AMERICAN WAY STE 128	
CITY-ST-ZIP	MIAMI FL 33132	
TITLE	D	<input type="checkbox"/> Delete
NAME	NIELSON, STEPHEN A	
STREET ADDRESS	1801 SE 20TH ST TERMINAL 2	
CITY-ST-ZIP	FT. LAUDERDALE FL 33316	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARISON, MICKY	
STREET ADDRESS	11200 Pines Blvd., Ste 201	
CITY-ST-ZIP	Pembroke Pines, FL 33026	
TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SASSO, RICHARD E.	
STREET ADDRESS	11200 Pines Blvd., Ste 201	
CITY-ST-ZIP	Pembroke Pines, FL 33026	
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	Katsoufis, Paris	
STREET ADDRESS	11200 Pines Blvd., Ste 201	
CITY-ST-ZIP	Pembroke Pines, FL 33026	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NIELSEN, STEPHEN A.	
STREET ADDRESS	11200 Pines Blvd., Ste 201	
CITY-ST-ZIP	Pembroke Pines, FL 33026	
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-2000

954-441-8881

Date

Daytime Phone #

CR2E037 (9/99)