

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N96000002402**

1. Entity Name

CARIBBEAN SOUTH AMERICAN COUNCIL, INC.**FILED****01 OCT 12 PM 1:13****SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

Principal Place of Business 12 AMBROSE AVE BAY POINT CA 94565		Mailing Address 12 AMBROSE AVE BAY POINT CA 94565	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0663149	☒ Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SINGH-BHAIRO, SERGIO D 1364 SILVERADO POMPAÑO FL 33068		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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
After September 12, 2001, min. will be \$236.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State****LS**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P	☐ Delete		TITLE	V.P.	☐ Change ☒ Addition	
NAME	SINGH-BHAIRO, SERGIO D			NAME	SINGH-BHAIRO, Jewel S.		
STREET ADDRESS	12 AMBROSE AVE			STREET ADDRESS	1364 Silverado Pompano FL 33068		
CITY-ST-ZIP	BAY POINT CA 94565			CITY-ST-ZIP	1364 Silverado FL 33068		
TITLE	S	☒ Delete		TITLE	Tara D. Singh	☐ Change ☒ Addition	
NAME	DYMARTY, MERVYN			NAME	1364 Silverado Pompano		
STREET ADDRESS	12 AMBROSE AVE			STREET ADDRESS	1364 Silverado FL 33068		
CITY-ST-ZIP	BAY POINT CA 94565			CITY-ST-ZIP	1364 Silverado FL 33068		
TITLE	VP	☐ Delete		TITLE	Secretary	☐ Change ☒ Addition	
NAME	SINGH-BHAIRO, ROLAND CHRIS			NAME	Dymally, Mervyn "T"		
STREET ADDRESS	12 AMBROSE AVE			STREET ADDRESS	12 Ambrose Ave B.P.C. 94565		
CITY-ST-ZIP	BAY POINT CA 94565			CITY-ST-ZIP	12 Ambrose Ave B.P.C. 94565		
TITLE	TFC	☐ Delete		TITLE	Ralph Naraine	☐ Change ☒ Addition	
NAME	SINGH BHAIRO, GRACE			NAME	12 Ambrose Ave		
STREET ADDRESS	12 AMBROSE AVE			STREET ADDRESS	Bay Point CA 94565 OFFICER		
CITY-ST-ZIP	BAY POINT CA 94565			CITY-ST-ZIP	Bay Point CA 94565 OFFICER		
TITLE	2VP	☐ Delete		TITLE	Bhauro, Romesh	☐ Change ☐ Addition	
NAME	DREPAUL, MILTON			NAME	12 Ambrose Ave		
STREET ADDRESS	12 AMBROSE AVE			STREET ADDRESS	Bay Point CA 94565 OFFICER		
CITY-ST-ZIP	BAY POINT CA 94565			CITY-ST-ZIP	Bay Point CA 94565 OFFICER		
TITLE	AAS	☐ Delete		TITLE	officer	☐ Change ☐ Addition	
NAME	SAWH, HAIMDAT			NAME	Shanta Ramdeholl		
STREET ADDRESS	12 AMBROSE AVE			STREET ADDRESS	12 Ambrose Ave Bay Point CA 94565		
CITY-ST-ZIP	BAY POINT CA 94565			CITY-ST-ZIP	12 Ambrose Ave Bay Point CA 94565		

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

Date

Daytime Phone #

CR2E037 (5/01)