2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 06, 2001 8:00 am Secretary of State DOCUMENT # N9700004948 1. Entity Name CARIBBEAN-AMERICAN PEOPLE ASSOCIATION, INC. 02-06-2001 90275 039 ****70.00 Mailing Address Principal Place of Business 203 CRANBROOK DR POB 420155 KISSIMMEE FL 34742 KISSIMMEE FL 34758 US 2. Principal Place of Business 3. Mailing Address \$ 804 HENDOZA P.D. BOX 420155 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3480180 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired. 747 Fee Required 4 3445 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent <u>1aryse</u> Street Address (P.O. Box Number is Not Acceptable) GRANT, SONIA M 203 CRANBROOK DRIVE (POINCIANA) ENDOZA **KISSIMMEE FL 34758** 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 Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be П Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. 🛣 Change ☐ Addition President TITLE Delete 🔀 TITI F MARYSE A. NelSON GRANT, SONIA M NAME NAMÉ 804 Mendoza DR Kissimmee, FL 34758 STREET ADDRESS 203 CRANBROOK STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **KISSIMMEE FL 34758** lice President **Change** Addition Delete TITLE TITLE Michael Bailey NAME **NELSON, MACYSE** NAME STREET ADDRESS STREET ADDRESS **804 MENDOZA DRIVE** CITY-ST-ZIP Kissimmee FL 34758 CITY-ST-ZIP KISSIMMEE FL 34758 ---Change ☐ Addition Delete TITLE Secretary TITLE NAME MURRAY AZEEZ, FERRIST NAME STREET ADDRESS STREET ADDRESS 245 CHESHIRE COURT LANE Putt CITY-ST-ZIP Kissimmee. CITY-ST-ZIP KISSIMMEE FL 34758 ☐ Change ☐ Addition TITLE Delete Treasurer HAMILTON, UNA NAME Hamilton, Una NAME STREET ADDRESS STREET ADDRESS 814 MENDOZA DRIVE CITY-ST-ZIP CITY-ST-ZIP KISSIMMEE FL 34758 Director of ProGrams Sonia Grant TITI F 🔀 Change Addition ☐ Delete TITLE MORGAN, E NAME NAME STREET ADDRESS STREET ADDRESS 336 COLONADE CT 203 Cranbrook DR CITY-ST-ZIP CITY-ST-ZIP KISSIMMEE FL 34758 Change . ☐ Addition ☐ Delete TITLE TITLE Director of. GRACE, D NAME NAME JOHN SMITH 1007 DEWSBURY WAY STREET ADDRESS STREET ADDRESS Adour CITY-ST-ZIP CITY-ST-ZIP KISSIMMEE FL 34758 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

SIGNATURE:

changed, or on an attachment with an address, with all other like empowered.