

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006465

1. Entity Name

NATIONAL ASSOCIATION OF CARIBBEAN BUSINESSWOMEN

FILED
Aug 02, 2000 8:00 am
Secretary of State

08-02-2000 90002 032 ****70.00

Principal Place of Business

4770 BISCAYNE BLVD.
SUITE 1050
MIAMI FL 33137

Mailing Address

4770 BISCAYNE BLVD.
SUITE 1050
MIAMI FL 33137

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0789559

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GILL, MARIE
565 NORTHWEST 210 STREET #102
MIAMI FL 33169

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
After September 13, 2000 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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME GILL, MARIE
STREET ADDRESS 565 NW 210 STREET #210
CITY-ST-ZIP MIAMI FL 33169

TITLE **SECRETARY** ☐ Change ☒ Addition
NAME **NOVELETTE V. SUE**
STREET ADDRESS **1475 N.E. 121 STREET, Apt C312**
CITY-ST-ZIP **N. Miami, FL 33161**

TITLE **VPD** ☒ Delete
NAME **JOHNSON-FINCHER, LEVETTE**
STREET ADDRESS **8551 NW 7TH COURT**
CITY-ST-ZIP **PEMBROKE PINES FL 33027**

TITLE **TREASURER** ☐ Change ☒ Addition
NAME **MAGALY PREZEAU**
STREET ADDRESS **3901 S. Ocean DRIVE #14G**
CITY-ST-ZIP **Hollywood, FL 33019**

TITLE **D** ☐ Delete
NAME **ALLICK, ELIZABETH**
STREET ADDRESS **2509 N.W. 183RD STREET**
CITY-ST-ZIP **MIAMI FL 33055**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **MAKINE TULLOCH**
STREET ADDRESS **3211 Sabal Palm Manor**
CITY-ST-ZIP **Bldg. 1 Unit 206**
Dania, FL 33026

TITLE **D** ☒ Delete
NAME **HYPPOLITE, MARIE**
STREET ADDRESS **1006 NW 164 AVE.**
CITY-ST-ZIP **PEMBROKE PINES FL 33028**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

MARIE GILL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/16/00 305-576-7008

CR2E037 (5/00)