

FILE NOW: FILING FEE IS \$61.25

FILED

May 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF REVENUE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000006467 (1)**

1. Corporation Name

CARIBBEAN UNITED, INC.

Principal Place of Business

Mailing Address

**17143 NW 10 ST.
PEMBROKE PINES FL 33028**

**17143 NW 10 ST.
PEMBROKE PINES FL 33028**

3. Date Incorporated or Qualified

11/14/1997

4. FEI Number

65-0795851

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

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

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MAHABIR, HAROLD
17143 NW 10 ST.
PEMBROKE PINES FL 33028**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE	D
NAME	MAHABIR, HAROLD
STREET ADDRESS	17143 NW 10 ST.
CITY-ST-ZIP	PEMBROKE PINES FL 33028

TITLE	D
NAME	DURITY, DAVID A
STREET ADDRESS	3680 MARLBERRY LANE
CITY-ST-ZIP	MIRAMAR FL 33025-3245

TITLE	D
NAME	FINLAYSON, SUZETTE
STREET ADDRESS	8004 SW 133 CT
CITY-ST-ZIP	MIAMI FL 33183

TITLE	D
NAME	CAMPBELL, MAUREEN E
STREET ADDRESS	21151 NE 2 AVE.
CITY-ST-ZIP	MIAMI FL 33179-1002

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☒ Addition

1.1 TITLE	President / Director
1.2 NAME	Mahabir, Harold
1.3 STREET ADDRESS	17143 NW 10th St.
1.4 CITY-ST-ZIP	Pembroke Pines, Fla 33028

2.1 TITLE	Dr. David Neptune
2.2 NAME	8901 NW 18th Terrace
2.3 STREET ADDRESS	Miami, Fla. 33015
2.4 CITY-ST-ZIP	FL

3.1 TITLE	Secretary / Director
3.2 NAME	antonio, Greg
3.3 STREET ADDRESS	12100 SW 112 ave
3.4 CITY-ST-ZIP	Miami, Fla 33176

4.1 TITLE	Treasurer / Director
4.2 NAME	Biswito, Danny
4.3 STREET ADDRESS	9620 SW 118 place
4.4 CITY-ST-ZIP	Miami, Fla 33186

5.1 TITLE	Trustee (T)
5.2 NAME	Finlayson, Suzette
5.3 STREET ADDRESS	8004 SW 133 ct
5.4 CITY-ST-ZIP	Miami, FL 33183

6.1 TITLE	Trustee (T)
6.2 NAME	Campbell, Maureen
6.3 STREET ADDRESS	21151 NE 2 ave
6.4 CITY-ST-ZIP	Miami, FL 33179-1002

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

[Handwritten Signature] **11/14/1998**

CR2E037 (10/97)