

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N97000006467**

1. Entity Name

**CARIBBEAN UNITED, INC.**

FILED

00 JAN 21 AM 10:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

17143 NW 10 ST.  
PEMBROKE PINES FL 33028

17143 NW 10 ST.  
PEMBROKE PINES FL 33028-2104

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0795851**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

**300003114493--1**

**-01/28/00--01054--012**

City

**\*\*\*\*\*61.25 \*\*\*\*\*61.25**  
**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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	MAHABIR, HAROLD	17143 NW 10 ST.	PEMBROKE PINES FL 33028	<input type="checkbox"/>
EM	EHRHARDT, CAROLYN	2525 LUCILLE DR.	FT LAUDERDALE FL	<input checked="" type="checkbox"/>
T	FINLAYSON, SUZETTE	8004 SW 133 CT	MIAMI FL 33183	<input checked="" type="checkbox"/>
T	CHIYAPEN, SAT	4145 EAST RIDGE CIR	POMPANO BEACH FL	<input checked="" type="checkbox"/>
T	SOULDEN, JERRY	725 S RAINBOW DR	POMPANO BEACH FL	<input checked="" type="checkbox"/>
T	GEORGE, JENNIFER	2721 RYHON WAY	MIRAMAR FL	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/>
EM	Sherylann Willis	6861 NW 24th St	Sunrise, FL 33313	<input type="checkbox"/>	<input checked="" type="checkbox"/>
T	aldwyn Pierre	16624 SW 93rd Ct.	Miami, FL 33157	<input type="checkbox"/>	<input checked="" type="checkbox"/>
T	Christine Pierre	16624 SW 93rd Ct.	Miami, FL 33157	<input type="checkbox"/>	<input checked="" type="checkbox"/>
T	Tedd Willis	6861 NW 24th St	Sunrise, FL 33313	<input type="checkbox"/>	<input checked="" type="checkbox"/>
T	Anthony Sookram	11966 SW 102 Terrace	Miami, FL 33186	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

SIGNATURE: *Harold Mahabir* 1/17/00 (954) 438-751