

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006467

1. Entity Name

CARIBBEAN UNITED, INC.

Principal Place of Business

17143 NW 10 ST.  
PEMBROKE PINES FL 33028

Mailing Address

17143 NW 10 ST.  
PEMBROKE PINES FL 33028

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0795851

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

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

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

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  
PD  
MAHABIR, HAROLD  
17143 NW 10 ST.  
PEMBROKE PINES FL 33028 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
EM  
WILLIS, SHERYLANN  
6861 NW 24TH ST.  
SUNRISE FL 33313 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
PIERRE, ALDWIN  
16624 SW 93RD CT.  
MIAMI FL 33157 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
PIERRE, CHRISTINE  
11624 SW 93RD CT.  
MIAMI FL 33157 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Reifford, Veronique  
7721 77th Way  
West Palm Beach FL 33407 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
WILLIS, TEDD  
6861 NW 24TH ST.  
SUNRISE FL 33313 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Darryl Seera  
8600 SW 212 St. Apt 206  
Miami, FL 33189 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
SOOKRAM, ANTHONY  
11966 SW 102 TERRACE  
MIAMI FL 33186 ☐ Delete

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

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 #

FILED  
Apr 28, 2001 8:00 am  
Secretary of State

04-28-2001 90048 028 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

*Attachments 829326*  
*19700006487*  
**Caribbean/USA, Inc.**

**17143 NW 10<sup>th</sup> Street  
Pembroke Pines, FL. 33028  
April 23, 2001**

**To Whom It May Concern:**

**Re: Name Inclusion**

**We made a request last year to change the name of our organization to read Caribbean/USA United, Inc.**

**We still have not had an acknowledgment to our to our first request relative to having our name changed.**

**Kindly refer this letter to the appropriate Department so that we can initiate and readjust our bank account to reflect the change of name.**

**Sincerely,**

  
**Dr. Harold G. Mahabir  
President**