4/9

04-09-2002 90732 037 ****61.25

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006467

1. Entity Name

CARIBBEAN UNITED, INC.

Note: Caribbean USA = United

FILED
02 APR -9 PM 2:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[redacted]

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
17143 NW 10 ST. PEMBROKE PINES FL 33028	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
Zip / Country	Zip / Country

4. FEI Number 65-0795851 ☐ Applied For ☐ Not Applicable

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	EM Louis, Jacqueline 1000 SW 86 Ave Pembroke Pines, FL. 33025 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T PIERRE, ALDWYN 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 RELLFORD, VERONIQUE 7721 77TH WAY WEST PALM BEACH FL 33407	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Jerry Sookdeo 725 S. Rainbow Dr. Hollywood, FL. 33021 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SEERAJ, DARRYL 8600 SW 212 STREET, APT 206 MIAMI FL 33189	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Sat Chinapen 4145 Eastridge Circle Pompano Beach, FL 33064 ☐ 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

CR2E037 (9/01)

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: Harold Mahabir 4/1/02 (954) 438-7574
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #