

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 25, 2001 8:00 am**  
**Secretary of State**  
 05-25-2001 90289 032 \*\*\*\*70.00

**DOCUMENT # N97000006995**

1. Entity Name

**MIAMI CARIBBEAN CLUB, INC.**

Principal Place of Business

**400 N.E. 180 DRIVE  
 NORTH MIAMI BEACH FL 33162**

Mailing Address

**9965 MIRAMAR PKWY.  
 PMB 209  
 MIRAMAR FL 33025**

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

**65-0807377**

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

**FRANCIS, CECIL  
 400 N.E. 180 DRIVE  
 NORTH MIAMI BEACH FL 33162**

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FRANCIS, CECIL</b>	
STREET ADDRESS	<b>400 N.E. 180 DRIVE</b>	
CITY-ST-ZIP	<b>NORTH MIAMI BEACH FL 33162</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BENNETT, MICHEAL</b>	
STREET ADDRESS	<b>70 NE 185 TERR.</b>	
CITY-ST-ZIP	<b>N. MIAMI BEACH FL 33179</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>KUWAS, SYLVESTER</b>	
STREET ADDRESS	<b>7781 CORAL BLVD.</b>	
CITY-ST-ZIP	<b>MIRAMAR FL 33023</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SOBARAM, RICHARD P</b>	
STREET ADDRESS	<b>1740 SW 84 AVE.</b>	
CITY-ST-ZIP	<b>MIRAMAR FL 33025</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>JAGHAI, PETER</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>9681 HUDSON ST.</b>	
STREET ADDRESS	<b>MIRAMAR, FL. 33026</b>	
CITY-ST-ZIP		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FRANCIS, ERROL</b>	
STREET ADDRESS	<b>19660 N.W. 86 COURT</b>	
CITY-ST-ZIP	<b>MIAMI LAKES, FL. 33015</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JAMEL, DONOVAN</b>	
STREET ADDRESS	<b>2501 ARCADIA DR.</b>	
CITY-ST-ZIP	<b>MIRAMAR, FL. 33023</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Cecil Francis* 5-18-01 (305) 607-3690

CR2E037 (10/00)