

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000000478

1. Entity Name

CARIBBEAN CHILDREN'S CULTURAL FOUNDATION, INC.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90075 005 ****61.25

740790



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

6100 SW 35TH STREET
 SUITE R
 MIRAMAR FL 33023

6100 SW 35TH STREET
 SUITE R
 MIRAMAR FL 33023-5134

2. Principal Place of Business

3. Mailing Address

2509 NW 183 STREET

2509 NW 183 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33056

Country

U.S.A.

Zip

33056

Country

U.S.A.

4. FEI Number

65-0994349

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

OSBORNE, CLEVE
 6100 SW 35TH STREET
 SUITE R
 MIRAMAR FL 33023

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

Cleve Osborne

CLEVE OSBORNE

4/22/00

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	D	<input type="checkbox"/> Delete
NAME	OSBORNE, CLEVE	
STREET ADDRESS	6100 SW 35TH STREET, SUITE R	
CITY-ST-ZIP	MIRAMAR FL 33023	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALLICK, ELIZABETH	
STREET ADDRESS	6100 SW 35TH STREET, SUITE R	
CITY-ST-ZIP	MIRAMAR FL 33023	
TITLE	D	<input type="checkbox"/> Delete
NAME	OSBORNE, PATRICIA	
STREET ADDRESS	2440 SABAL PALM DRIVE	
CITY-ST-ZIP	MIRAMAR FL 33023	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOWELL THOMAS	
STREET ADDRESS	482 NE 210 CIR. TER. #203	
CITY-ST-ZIP	N. MIAMI BEACH, FLORIDA 33179	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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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:

Cleve Osborne REBEVEE OSBORNE

4/22/00

305-661-3481 x240

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)