

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000000478

1. Entity Name

CARIBBEAN CHILDREN'S CULTURAL FOUNDATION, INC.

FILED
Sep 11, 2001 8:00 am
Secretary of State

09-11-2001 90003 033 ****61.25

Principal Place of Business

Mailing Address

6100 SW 35TH STREET
SUITE R
MIRAMAR FL 33023

6100 SW 35TH STREET
SUITE R
MIRAMAR FL 33023

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

65-0994349

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

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
After September 12, 2001, min. will be \$236.25

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ALLICK, ELIZABETH
6100 SW 35TH STREET, SUITE R
MIRAMAR FL 33023 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LOWELL THOMAS
482 NE 210 CIR. TERR #203
NORTH MIAMI BEACH, FLORIDA 33179 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
OSBORNE, PATRICIA
2440 SABAL PALM DRIVE
MIRAMAR FL 33023 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HAZEL WILLIAMS
2402 FUNSTON STREET
HOLLYWOOD, FLORIDA 33020 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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CITY-ST-ZIP
☐ 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: CLEVE OSBORNE CLEVE OSBORNE

9/1/01

305-661-3481 X240

CR2E037 (5/01)