

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90806 020 \*\*\*\*61.25

**DOCUMENT # N99000000478**

1. Entity Name  
**CARIBBEAN CHILDREN'S CULTURAL FOUNDATION, INC.**



Principal Place of Business

~~2402 FUNSTON ST~~  
~~HOLLYWOOD FL 33020~~

Mailing Address

~~2440 SABAL PALM DR~~  
~~MIRAMAR FL 33023~~

2. Principal Place of Business

**1576 NW 90th WAY**

Suite, Apt. #, etc.

**PEMBROKE PINES, FLA**

City & State

3. Mailing Address

**1576 NW 90th WAY**

Suite, Apt. #, etc.

**PEMBROKE PINES, FLA**

City & State

**33024**

**USA**

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☐ CHECK HERE IF MAKING CHANGES

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

**OSBORNE, CLEVE**

~~6100 SW 35TH STREET~~

~~SUITE R~~

**MIRAMAR FL 33020**

7. Name and Address of New Registered Agent

Name **CLEVE OSBORNE**

Street Address (P.O. Box Number is Not Acceptable)

**1576 NW 90th WAY**

City **PEMBROKE PINES**

**FL**

Zip Code **33024**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>OSBORNE, CLEVE</b>	
STREET ADDRESS	<b>6100 SW 35TH STREET, SUITE R</b>	
CITY-ST-ZIP	<b>MIRAMAR FL 33023</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LOWELL, THOMAS</b>	
STREET ADDRESS	<b>482 NE 210 CIRCLE TERRACE # 203</b>	
CITY-ST-ZIP	<b>NORTH MIAMI FL 33179</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WILLIAMS, HAZEL</b>	
STREET ADDRESS	<b>2402 FUNSTON STREET</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33020</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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>OSBORNE, CLEVE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>1576 NW 90th WAY</b>	
STREET ADDRESS	<b>PEMBROKE PINES, FLA. 33024</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

**SIGNATURE: CLEVE OSBORNE**

**4/13/03 (305)-661-3481 x2240**

CR2E037 (10/02)