# 2000 UNIFORM BUSINESS REPORT (UBR)

6/14

**FILED**
**Aug 01, 2000 8:00 am**
**Secretary of State**
06-14-2000 90039 045 ****66.25

DOCUMENT # N99000001218

1. Entity Name

CARIBBEAN AMERICAN CONNECTION, INC.

R

| Principal Place of Business | Mailing Address |
|---|---|
| 621 N. DELMONTE CT.<br>KISSIMMEE FL 34758 | 621 N. DELMONTE CT.<br>KISSIMMEE FL 34758-3212 |

[redacted]

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| N/A | N/A |
| Suite, Apt. #, etc.: N/A | Suite, Apt. #, etc.: N/A |
| City & State: N/A | City & State: N/A |
| Zip: N/A Country: N/A | Zip: N/A Country: N/A |

4. FEI Number: 59-3618581 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MITCHELL, KEN B.
621 N. DELMONTE CT.
KISSIMMEE FL 34758

7. Name and Address of New Registered Agent

Name: N/A SAME AS REGISTERED

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

City: N/A 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: N/A
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 / NAME / STREET ADDRESS / CITY-ST-ZIP | President<br>Ken B. Mitchell<br>621 N. Delmonte Ct<br>Kissimmee, Fl 34758 ☐ Delete "D." | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition<br>SAME AS REGISTERED |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Secretary<br>Ken B. Mitchell<br>621 N. Delmonte Ct<br>Kissimmee, Fl 34758 ☐ Delete "D." | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Treasurer<br>Ken B. Mitchell<br>621 N. Delmonte Ct<br>Kissimmee, Fl 34758 ☐ Delete "D." | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / 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: Ken B Mitchell for Ken B Mitchell 6-7-00 407-931-1774
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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6/14/00-90039-045-$66.25-$66.25

## DOCUMENT # N99000001218

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CARIBBEAN AMERICAN CONNECTION, INC.

(R)

106980

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|---|---|
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| City & State: N/A | City & State: N/A |
| Zip: N/A Country: N/A | Zip: N/A Country: N/A |

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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 |
|---|---|
| MITCHELL, KEN B.<br>621 N. DELMONTE CT.<br>KISSIMMEE FL 34758 | Name: N/A SAME AS REGISTERED<br>Street Address (P.O. Box Number is Not Acceptable):<br>City: ~~N/A~~ 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: N/A
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when submitting) DATE

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| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Additio |
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SIGNATURE: Ken B Mitchell Ken B Mitchell 6-1-00 407-931-177

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #