

2000 UNIFORM BUSINESS REPORT (UBR)

5/

FILED
Jun 16, 2000 8:00 am
Secretary of State

05-19-2000 90001 048 ****70.00

DOCUMENT # N99000002364

(R)

1. Entity Name

CARIBBEAN CHAMBER OF COMMERCE AND INDUSTRY INC.

Principal Place of Business

Mailing Address

~~8181 NW 38 ST., STE. 2
 MIAMI FL 33166~~

~~8181 NW 38 ST., STE. 2
 MIAMI FL 33166-6628~~

2. Principal Place of Business

3. Mailing Address

12515 N KENDALL DRIVE

(SAME)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 320

City & State

City & State

MIAMI, FL

Zip

Country

Zip

Country

33186

US

4. FEI Number

65-0915754

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WELCH, JOSEPH
8181 NW 38 ST., STE. 2
MIAMI, FL 33166

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		D HERMAN PIETERS	
STREET ADDRESS		12515 N KENDALL DR., STE 320	
CITY-ST-ZIP		MIAMI FL 33186	
TITLE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		D DANIEL PRINCE	
STREET ADDRESS		12510 SW 72 TERRACE	
CITY-ST-ZIP		MIAMI FL 33183	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		D ROBERT FERREIRA	
STREET ADDRESS		1317 ASTURIA AVE	
CITY-ST-ZIP		CORAL GABLES, FL 33134	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	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: **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/2000
 Date

(305) 596-4242
 Daytime Phone #

CR2E037 (9/99)