

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006305

1. Entity Name

THE JAMAICAN NATIONAL INSTITUTE FOR CHANGE, INC.

FILED
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90053 018 ****61.25

Principal Place of Business

Mailing Address

1900 W. COMMERCIAL BLVD., #151
FORT LAUDERDALE FL 33309

P.O. BOX 590188
FORT LAUDERDALE FL 33359-0188

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

59-3606977

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

Name

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

City

FL

Zip Code

ABB ACCOUNTING AND TAX SERVICES, INC.
1900 W. COMMERCIAL BLVD., #151
FORT LAUDERDALE FL 33309

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]

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 ☐ Delete
NAME D
STREET ADDRESS CHANROO, KEITH A
CITY-ST-ZIP 11089 BLUE CORAL DRIVE
BOCA RATON FL 33498

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

TITLE ☐ Delete
NAME VD
STREET ADDRESS DONALDSON, DERWENT
CITY-ST-ZIP 3900 CYPRESS LAKE DRIVE
LAKE WORTH FL 33467

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

TITLE ☐ Delete
NAME D
STREET ADDRESS MAGEE, NORMAN
CITY-ST-ZIP 2911 DEVONWOOD AVENUE
MIRAMAR FL 33025

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

TITLE ☐ Delete
NAME SD
STREET ADDRESS CLARKE, MARK A
CITY-ST-ZIP 6068 ROYAL BIRKDALE DRIVE
LAKE WORTH FL 33463

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

TITLE ☐ Delete
NAME TD
STREET ADDRESS RAMCHARAN, HAROLD
CITY-ST-ZIP 16731 N.W. 15TH STREET
PEMBROKE PINES FL 33028

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

TITLE ☐ Delete
NAME PD
STREET ADDRESS THOMPSON, KEITH
CITY-ST-ZIP 4740 CONCORDIA LANE
BOYNTON BEACH FL 33436

TITLE ☐ Change ☐ Additio
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] HAROLD A. RAMCHARAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/2000

(954) 714-225

Date

Daytime Phone #