

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000007075

1. Entity Name

CARIBBEAN CULTURAL COALITION, INCORPORATED

Principal Place of Business

P.O. Box 491455
5546 W OAKLAND PK BLVD
#204
LAUDERDALE LAKES FL 33349

Mailing Address

P.O. Box 491455
5546 W OAKLAND PK BLVD
#204
LAUDERDALE LAKES FL 33349

2. Principal Place of Business

P.O. Box 491455
Suite, Apt. #, etc.
Lauderdale Lakes

3. Mailing Address

P.O. Box 491455
Suite, Apt. #, etc.

City & State

Lauderdale Lakes FL Lauderdale Lakes FL

Zip

Country

33349 BROWARD

Zip

Country

33322 BROWARD

6. Name and Address of Current Registered Agent

CUMBERBATCH, DELBERT F
5546 W OAKLAND PK BLVD
#204
LAUDERDALE LAKES FL 33313
10170 NW 10 ST
PLANTATION, FL 33322

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

DELBERT F CUMBERBATCH
Deputy of Cumberbatch 4/29/02

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

TITLE P
NAME PRESIDENT-GRAHAM, CHRISTINA
STREET ADDRESS 1213 NW 6TH AVRE
CITY-ST-ZIP FORT LAUDERDALE FL 33311

TITLE VP
NAME RIGG, MICHAEL
STREET ADDRESS 3101 NW 43RD TERR
CITY-ST-ZIP LAUDERDALE LAKES FL 33319

TITLE S
NAME ROBINSON, STEVEN T
STREET ADDRESS 10052 S. NOB HILL CIR
CITY-ST-ZIP TAMARAC FL 33321

TITLE T
NAME CARTER, CATHBERT C
STREET ADDRESS 3251 NW 14TH CT
CITY-ST-ZIP FORT LAUDERDALE FL 33311

TITLE T
NAME CUMBERBATCH, DELBERT F
STREET ADDRESS 10170 BW 10 STREET
CITY-ST-ZIP PLANTATION FL 33313

TITLE T
NAME JABOUIN, JEAN R JR.
STREET ADDRESS 2412 N. STATE RD 7
CITY-ST-ZIP LAUDERDALE LAKES FL 33313

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

DELBERT F CUMBERBATCH
Deputy of Cumberbatch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90168 029 ****61.25

857322



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)