

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000020096

1. Entity Name

CARIBBEAN CULTURE AIRLINES, INC.

Principal Place of Business

5405 DIPLOMAT CIR. SUITE 201
ORLANDO FL 32810

Mailing Address

5405 DIPLOMAT CIR. SUITE 201
ORLANDO FL 32810

2. Principal Place of Business

337 N. ORANGE AVE
SUITE 500
ORLANDO, FL
32801 USA

3. Mailing Address

P.O. BOX 4426
SUITE, Apt. #, etc.
WINTER PARK, FL 32783
32793 USA

4. FEI Number

59-3698961

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PERSAD, TEE
5405 DIPLOMAT CIR, SUITE 201
ORLANDO FL 32810

7. Name and Address of New Registered Agent

Name: TEE Persad
Street Address (P.O. Box Number is Not Acceptable)
37 N. ORANGE AVE
STE 500
City: ORLANDO FL Zip Code: 32801

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 of current name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	PERSAD, TEE	
STREET ADDRESS	5405 DIPLOMAT CIR, SUITE 201	
CITY-ST-ZIP	ORLANDO FL 32810	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERSAD, TEE	
STREET ADDRESS	37 N. ORANGE AVE; STE 500	
CITY-ST-ZIP	ORLANDO, FL 32801	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TEE Persad, PRES 4/15/02 407-647-2887

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jun 02, 2002 8:00 am
Secretary of State

04-24-2002 90295 031 ***150.00

DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)