

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90161 034 ***150.00

UNIFORM BUSINESS REPORT

DOCUMENT # P01000020096

1. Entity Name
CARIBBEAN CULTURE AIRLINES, INC.



Principal Place of Business
37 N. ORANGE AVENUE
SUITE 500
ORLANDO FL 32801

Mailing Address
PO BOX 4426
WINTER PARK FL 32793



2. Principal Place of Business
201 E. PINE ST.
Suite, Apt. #, etc.
STE, 445

3. Mailing Address
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
ORLANDO, FLORIDA

City & State

Zip 32801 **Country** U.S.A.

Zip **Country**

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
37 N. ORANGE AVENUE
SUITE 500
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name Tee Persad
Street Address (P.O. Box Number is Not Acceptable)
201 E. PINE STREET #445
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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
D	PERSAD, TEE	37 N. ORANGE AVENUE - SUITE 500	ORLANDO FL 32801	<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 607, 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:  **SIGNED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/03 **407-647-7887**
Date Daytime Phone #

CR2E034 (10/02)