

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 24, 2002 8:00 am
Secretary of State

05-13-2002 90072 035 ***150.00

DOCUMENT # P01000051672

1. Entity Name

CARIBBEAN MEDIA NETWORK, INC.

Principal Place of Business

18840 NORTHWEST 56TH COURT
MIAMI FL 33055

Mailing Address

18840 NORTHWEST 56TH COURT
MIAMI FL 33055

2. Principal Place of Business

6242 NW 201 TER

Suite, Apt. #, etc.

3. Mailing Address

6242 NW 201 TER

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

Zip

33015

Country

Miami-Dade

Zip

33015

Country

Miami-Dade

4. FEI Number

☒ Applied For☐ Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

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

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	PD	<input checked="" type="checkbox"/> Delete
NAME	ALCINDO, PIERRE M	
STREET ADDRESS	18840 NORTHWEST 56TH COURT	
CITY-ST-ZIP	MIAMI FL 33055	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	HONORE, MATHIAS	
STREET ADDRESS	18840 NORTHWEST 56TH COURT	
CITY-ST-ZIP	MIAMI FL 33055	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PIERRE-LOUIS, JACQUES	
STREET ADDRESS	18840 NORTHWEST 56TH COURT	
CITY-ST-ZIP	MIAMI FL 33055	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SINAL, MAXO	
STREET ADDRESS	18840 NORTHWEST 56TH COURT	
CITY-ST-ZIP	MIAMI FL 33055	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MONESTIME, JEAN	
STREET ADDRESS	18840 NORTHWEST 56TH COURT	
CITY-ST-ZIP	MIAMI FL 33055	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	JEAN Monestime PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6242 NW 201 TER	
STREET ADDRESS	MIAMI, FL 33015	
CITY-ST-ZIP		
TITLE	KETTIA Monestime	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	6242 NW 201 TER TD	
STREET ADDRESS	MIAMI, FL 33015	
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)(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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/01)