

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90207 001 ***150.00

DOCUMENT # P01000068906

1. Entity Name
CARIBBEAN CREW INC.

Principal Place of Business **Mailing Address**
307 NORTH STATE ROAD 7 **307 NORTH STATE ROAD 7**
HOLLYWOOD FL 33021 **HOLLYWOOD FL 33021**

2. Principal Place of Business **3. Mailing Address**
307 N STATE RD 7 Suite, Apt. #, etc.
Suite, Apt. #, etc.

City & State **City & State**
Hollywood FL

Zip **Country** **Zip** **Country**
33021 **USA**

6. Name and Address of Current Registered Agent

HARDIAL, DENNIS
3678 NW 83RD LANE
SUNRISE FL 33351

7. Name and Address of New Registered Agent

Name **MANGALSINGH, SEEDHAR**
Street Address (P.O. Box Number is Not Acceptable) **307 N STATE RD 7**
City **HOLLYWOOD** **FL** **Zip Code** **33021**

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  **MANGALSINGH, SEEDHAR** **954-987-4498**
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** ☐ Delete
NAME **MANGALSINGH, SEEDHAR**
STREET ADDRESS **307 NORTH STATE ROAD 7**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE **SD** ☒ Delete
NAME **RAMLOCHAN, PREDEEP**
STREET ADDRESS **307 NORTH STATE ROAD 7**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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:  **MANGALSINGH, SEEDHAR** **APR 22/02** **954-987-4498**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)