

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P02000039437**

1. Entity Name

**FLORIDA CARIBBEAN DIRECTORY INC.**



FILED

03 JUL -7 AM 8:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3. Mailing Address

**2410 SW 50 TERRACE**

**2410 SW 50 TERRACE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**FT LAUDERDALE FL**

City & State

**FT LAUDERDALE FL**

4. FEI Number

**14-1845031**

Applied For

Not Applicable

Zip

Country

**33317 USA**

Zip

Country

**33317 USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

**SURESH MATH**

Street Address (P.O. Box Number is Not Acceptable)

**2410 SW 50 TERRACE**

**FT. LAUDERDALE FL**

City

**FL**

Zip Code

**33317**

**DO NOT WRITE  
IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
**P  
SURESH MATH  
2410 SW 50 TERRACE  
FT. LAUD. FL. 33317**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**200021345652  
07/07/03--01042--003 \*\*150.00**

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/19/03 954-792-4185**  
Date Daytime Phone #

CR2E034B (12/02)

6/9/03

FL. DEPT. OF STATE.

DIVISIONS OF CORPORATIONS  
PO BOX. 6327

Tallahassee FL 32314

TO WHOM IT MAY CONCERN

RE: FLORIDA CARIBBEAN DIRECTORY INC - P02000039437

I AM VERY SORRY FOR SENDING PAYMENT  
TO YOU AT THIS TIME. I HAVE NOT  
STARTED ANY BUSINESS ON THIS  
NAME AS OF THIS DATE, BUT WOULD  
APPRECIATE IF YOU CAN ALLOW ME  
TO KEEP THE NAME OF BUSINESS  
AND HOPE TO START BUSINESS  
THIS YEAR. ENCLOSE IS CK. FOR \$150.00.  
THANK YOU FOR YOUR CONSIDERATION.

#P02000039437

SURESH MACK.