2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P34734

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90434 022 ***150.00

1. Entity Name

TURNER CARIBE, INC.

Principal Place of Business	Mailing Address
B-5 CAMINO ALEJANDRINO VILLA CLEMENTINA GUAYNABO PR 00970-0005	375 HUDSON ST. NEW YORK NY 10014-3658 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0042429 [ ] Applied For [ ] Not Applied

5. Certificate of Status Desired [ ] $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. [ ] $5.00 Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	V	TITLE	
NAME	BETTS, JOHN A	NAME	
STREET ADDRESS	B-5 CAMINO ALEJANDRINO, VILLA CLEMENTINA	STREET ADDRESS	
CITY-ST-ZIP	GUAYUNABO 00970	CITY-ST-ZIP	
	[ ] Delete		[ ] Change [ ]
TITLE	D	TITLE	D
NAME	PARMELEE, HAROLD J	NAME	THOMAS C. LEPPERT
STREET ADDRESS	375 HUDSON ST.	STREET ADDRESS	901 Main STREET
CITY-ST-ZIP	NEW YORK NY 10014	CITY-ST-ZIP	DALLAS, TX 75202
	[X] Delete		[ ] Change [ ]
TITLE	S	TITLE	S
NAME	GOZO, SARA J.	NAME	ANTHONY C. BREU
STREET ADDRESS	375 HUDSON ST.	STREET ADDRESS	901 Main STREET
CITY-ST-ZIP	NEW YORK NY 10014	CITY-ST-ZIP	DALLAS, TX 75202
	[X] Delete		[ ] Change [ ]
TITLE	CFD	TITLE	
NAME	SLEEMAN, DONALD G	NAME	
STREET ADDRESS	375 HUDSON ST	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10014	CITY-ST-ZIP	
	[ ] Delete		[ ] Change [ ]
TITLE	D	TITLE	P
NAME	GRAVETTE, ELLIS T JR	NAME	ROBERT E. FEE
STREET ADDRESS	375 HUDSON STREET	STREET ADDRESS	375 HUDSON STREET
CITY-ST-ZIP	NEW YORK NY 10014	CITY-ST-ZIP	NEW YORK, NY 10014
	[X] Delete		[ ] Change [ ]
TITLE	T	TITLE	CONTROLLER
NAME	ALEXANDER, ANDREW S	NAME	MICHAEL J. MURPHY
STREET ADDRESS	375 HUDSON STREET	STREET ADDRESS	901 Main STREET
CITY-ST-ZIP	NEW YORK NY 10014	CITY-ST-ZIP	DALLAS, TX 75202
	[X] Delete		[ ] Change [ ]

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

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 17, 2000 (212) 229-
Date Daytime Phone #