

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90535 022 ***150.00

DOCUMENT # P93000004245

1. Entity Name
U.S.A. CARICOM, INC.



Principal Place of Business

**14335 SW 119 AVE
MIAMI FL 33186
US**

Mailing Address

**14335 SW 119 AVE
MIAMI FL 33186
US**

2. Principal Place of Business

**16625 S.W. 80th AVE
Suite, Apt. #, etc.**

3. Mailing Address

**16625 S.W. 80th AVE
Suite, Apt. #, etc.**

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33157

Country

US

Zip

33157

Country

US

4. FEI Number

65-0397177

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOREN, BARRY M

**9200 S. DADELAND BLVD., STE. 412
MIAMI FL 33156**

7. Name and Address of New Registered Agent

Name **WILLIAM P. DUBER**

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

16625 S.W. 80th AVE

City **MIAMI**

FL

Zip Code

33157

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

WILLIAM P. DUBER, PRESIDENT *William P. Duber* **4/25/03**

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 **DPS** ☐ Delete
NAME **DUBER, WILLIAM**
STREET ADDRESS **7800 S.W. 173 TERR.**
CITY-ST-ZIP **MIAMI FL**

TITLE **VP** ☐ Delete
NAME **DUBER, JUDITH A**
STREET ADDRESS **7800 SW-173 TERRACE**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPS** ☒ Change ☐ Addition
NAME **DUBER, WILLIAM**
STREET ADDRESS **16625 S.W. 80 AVE**
CITY-ST-ZIP **MIAMI FL 33157**

TITLE **VP** ☒ Change ☐ Addition
NAME **DUBER, JUDITH A**
STREET ADDRESS **16625 S.W. 80 AVE**
CITY-ST-ZIP **MIAMI, FL 33157**

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

WILLIAM P. DUBER, PRESIDENT *William P. Duber* **4/25/03** **305-235-8984**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)