

2002 UNIFORM BUSINESS REPORT (UBR)

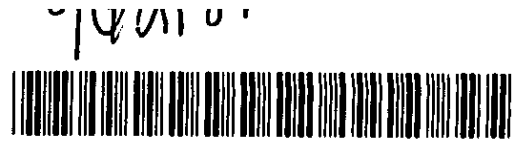
FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90143 020 ***158.75

DOCUMENT # P94000039537

1. Entity Name
CARIBBEAN COMMERCE CENTER, INC.

Principal Place of Business Mailing Address
10100 N.W. 116TH WAY, #6 **PO BOX 521706**
MEDLEY FL 33178 **MIAMI FL 33152-1706**
US **US**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. **#6** Suite, Apt. #, etc.

City & State City & State

4. FEI Number **65-0519874** Applied For
 Not Applicable

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

SCHIMMEL, ROBERT L
3191 CORAL WAY PH-2
MIAMI FL 33145

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
	P WELCH, NORMAN A 1707 NW 91 AVE PLANTATION FL 33322		
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<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: _____ Date **4/22/02** Daytime Phone # **305 882 6716**

CR2E034 (9/01)