

2001 UNIFORM BUSINESS REPORT (UBR)

4/25

FILED
May 17, 2001 8:00 am
Secretary of State

04-25-2001 90042 025 ***150.00

DOCUMENT # P96000076885

1. Entity Name

USA CARIBBEAN CONNECTION, INC.

Principal Place of Business

2401 SW 31ST AVE
 BLDG A - BAY 21-22
 PEMBROKE PARK FL 33009

Mailing Address

USA CARIBBEAN CON. INC.
 P.O. BOX 5774
 HOLLYWOOD FL 33083

43976



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2401 SW 31 AVE

Suite, Apt. #, etc.

BLDGA-19

3. Mailing Address

Suite, Apt. #, etc.

City & State

Pembroke Park, FLA

City & State

Zip

33009

Country

USA

Zip

Country

4. FEI Number

65-0695971

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

Name

FITZROY W DELISSER

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

P.O. BOX 5774 2401 SW 31 AVE Bldg A-19

City

Hollywood

State

Pembroke PK

Zip

33009

Country

FL

Zip Code

33083-5774

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 FITZROY W. DELISSER
 Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/19/01
 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 \$50.00
After MAY 1, 2001 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 ☐ Delete
 NAME DPST
 STREET ADDRESS DELISSER, FITZROY W
 CITY-ST-ZIP 7828 JUNIPER ST.
 MIRAMAR FL 33023

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition:
 NAME DPST
 STREET ADDRESS DELISSER, FITZROY W
 CITY-ST-ZIP 2401 SW 31 AVE BLD# A-19 Pembroke PL FLA 33009

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

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

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

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

TITLE ☐ Change ☐ Addition:
 NAME
 STREET ADDRESS
 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: [Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/01
 Date

(305) 479-6863
 Daytime Phone #

CR2E034 (10/00)