

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000082022

1. Entity Name

GUYANESE-AMERICAN CONNECTION, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90032 017 ***150.00

Principal Place of Business

367 MAJESTIC TERRACE
PORT SAINT LUCIE FL 34984

Mailing Address

P.O. BOX 9281
2255 SE MIDPORT RD
PORT ST LUCIE FL 34952-4872
US

2. Principal Place of Business

367 MAJESTIC TERRACE P.O. Box 9281
Suite, Apt. #, etc.

3. Mailing Address

2555 MIDPORT ROAD
Suite, Apt. #, etc.

City & State

PORT ST. LUCIE, FL.

City & State

PORT ST. LUCIE, FL.

Zip

34984

Country

ST. LUCIE

Zip

34952-4872

Country

ST. LUCIE

6. Name and Address of Current Registered Agent

FRASER, OSWALD SR
401 S.W. PRADO AVENUE
PORT SAINT LUCIE FL 34983

7. Name and Address of New Registered Agent

Name
OSWALD FRASER SR.
Street Address (P.O. Box Number is Not Acceptable)
401 S.W. PRADO AVE
PORT ST. LUCIE,
City FL Zip Code
34983

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 Oswald Fraser Sr.

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 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	NOE, DERYCK	
STREET ADDRESS	367 MAJESTIC TERRACE	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34984	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRASER, OSWALD	
STREET ADDRESS	401 S.W. PRADO AVENUE	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34983	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	OGLE, ALTHEA	
STREET ADDRESS	732 RAVENSWOOD LANE	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34983	
TITLE	D	<input type="checkbox"/> Delete
NAME	SOLOMON, ROY	
STREET ADDRESS	2052 BUTTONWOOD DRIVE	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34982	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DERYCK NOE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	367 MAJESTIC TERRACE	
STREET ADDRESS	PORT ST. LUCIE, FL. 34984	
CITY-ST-ZIP		
TITLE	OSWALD FRASER SR.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	401 S.W. PRADO AVE	
STREET ADDRESS	PORT ST. LUCIE FL. 34983	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ROY SOLOMON SR.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1034 SUKTAH DRIVE S.W.	
STREET ADDRESS	PORT ST. LUCIE FL. 34953	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Oswald Fraser (Oswald) FRASER 4-1-2000, 361-829-1986
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
(Treasurer)

CR2E034 (9/99)