

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000001995

1. Entity Name

CARIBBEAN UNITED TRANSFER COMPANIES, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90072 034 ***150.00

Principal Place of Business

Mailing Address

RIVERWALK PLAZA, SUITE 4000
333 NORTH NEW RIVER DRIVE EAST
FORT LAUDERDALE FL 33301

RIVERWALK PLAZA, SUITE 4000
333 NORTH NEW RIVER DRIVE EAST
FORT LAUDERDALE FL 33301-2241

2. Principal Place of Business

1640 WEST OAKLAND PARK BLVD

Suite, Apt. #, etc.

SUITE 201

City & State

FORT LAUDERDALE, FLORIDA

Zip

33311

Country

USA

3. Mailing Address

1640 WEST OAKLAND PARK BLVD

Suite, Apt. #, etc.

SUITE 201

City & State

FORT LAUDERDALE, FLORIDA

Zip

33311

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0810256

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

HORWITZ, WAYNE CPA
3511 W COMMERICAL BLVD #402
FORT LAUDERDALE FL 33309

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 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME D
STREET ADDRESS LEVEILLE, FRED E
CITY-ST-ZIP 333 NORTH NEW RIVER DR E #4000
FORT LAUDERDALE FL 33301

TITLE ☐ Delete
NAME D
STREET ADDRESS BELL, MARGARETTE B
CITY-ST-ZIP 333 NORTH NEW RIVER DR E #4000
FORT LAUDERDALE FL 33301

TITLE ☒ Delete
NAME D
STREET ADDRESS HAFIZI, MYRNA ANDRE
CITY-ST-ZIP 333 NORTH NEW RIVER DR E #4000
FORT LAUDERDALE FL 33301

TITLE ☐ Delete
NAME D
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
STREET ADDRESS 1640 WEST OAKLAND PARK BLVD #201
CITY-ST-ZIP FORT LAUDERDALE, FLORIDA 33311

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1640 WEST OAKLAND PARK BLVD #201
CITY-ST-ZIP FORT LAUDERDALE, FLORIDA 33311

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

TITLE ☐ Change ☒ Addition
NAME OFFICER
STREET ADDRESS CLAUDETTE B. VICTOR
CITY-ST-ZIP 1640 WEST OAKLAND BLVD #201
FORT LAUDERDALE, FL 33311

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: *CLAUDETTE B. VICTOR*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)