

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000001995

1. Entity Name  
**CARIBBEAN UNITED TRANSFER COMPANIES, INC.**

**FILED**  
**Jan 24, 2001 8:00 am**  
**Secretary of State**

01-24-2001 90028 022 \*\*\*150.00

Principal Place of Business  
**1640 W OAKLAND PARK BLVD  
STE 201  
FORT LAUDERDALE FL 33311  
US**

Mailing Address  
**~~1640 W OAKLAND PARK BLVD~~  
~~STE 201~~  
~~FORT LAUDERDALE FL 33311~~  
~~US~~**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
**6500 N.E. 2nd Avenue**  
Suite, Apt. #, etc.

City & State

City & State  
**Miami, FL**

Zip

Country

Zip  
**33138**

Country

**U.S.A.**

4. FEI Number **~~05-0810250~~  
91-1930272**

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 CRK~~  
~~3511 W COMMERCIAL BLVD #402X~~  
~~FORT LAUDERDALE FL 33308~~**

Name  
**Claudette B. Victor**  
Street Address (P.O. Box Number is Not Acceptable)  
**6500 N.E. 2nd Avenue**  
City  
**MIAMI** FL Zip Code  
**33138**

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 **Claudette B. Victor**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **1/11/01**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **LEVEILLE, FRED E**  
STREET ADDRESS **1640 W OAKLAND PARK BLVD #201**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33311**

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

TITLE **D** ☐ Delete  
NAME **~~RELL, MARGARETTE B~~**  
STREET ADDRESS **~~1640 W OAKLAND PARK BLVD #201~~**  
CITY-ST-ZIP **~~FORT LAUDERDALE FL 33311~~**

TITLE **D/O** ☒ Change ☐ Addition  
NAME **VICTOR, CLAUDETTE B.**  
STREET ADDRESS **6500 N.E. 2nd Avenue**  
CITY-ST-ZIP **Miami, FL 33138**

TITLE **O** ☐ Delete  
NAME **VICTOR, CLAUDETTE B**  
STREET ADDRESS **~~1640 W OAKLAND BLVD #201~~**  
CITY-ST-ZIP **~~FORT LAUDERDALE FL 33311~~**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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 **1/11/01** (305) 756-8931  
Date Daytime Phone #

CR2E034 (10/00)