

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000073865

1. Entity Name

SOUTHERN CARIBBEAN TRINIDAD, INC.

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90062 006 ***150.00

Principal Place of Business

Mailing Address

656-COCONUT STREET SOUTHEAST
PALM BAY FL 32909

656-COCONUT STREET SOUTHEAST
PALM BAY FL 32909-4422

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEL Number

59-3593414

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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name: PETER M. ACHAM

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

656 COCONUT STREET, SE

City PALM BAY

FL

Zip Code 32909

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

PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

DATE

4-17-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD ☐ Delete
NAME ACHAM, PETER M
STREET ADDRESS 656-COCONUT STREET SOUTHEAST
CITY-ST-ZIP PALM BAY FL 32909

TITLE ☐ Change ☒ Addition
NAME ELENA L. ACHAM
STREET ADDRESS 656 COCONUT STREET SE
CITY-ST-ZIP PALM BAY, FL 32909

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 to this address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE PETER M. ACHAM

Date

4-17-00

Daytime Phone #

321-724-0477

CR2E034 (9/99)