

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90056 036 ***150.00

DOCUMENT # S26606

1. Entity Name
CARICAN, INC.

Principal Place of Business
**11966 SW 102 TERR
MIAMI FL 33186
US**

Mailing Address
**11966 SW 102 TERR
MIAMI FL 33186
US**

715614



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State

3. Mailing Address
Suite, Apt. #, etc.
City & State

4. FEI Number **65-0236918**
Applied For
Not Applicable

Zip Country Zip Country

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

**RAMSUAH, SEUDIAL P
11996 SW 102 TERR
SUITE 310
MIAMI FL 33186**

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, 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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RAMSUAH, SEUDIAL		NAME		
STREET ADDRESS	11966 SW 102 TERR		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RAMSINGH, ROOPCHARD		NAME		
STREET ADDRESS	59 FIRST ST BARATARIA TR		STREET ADDRESS		
CITY-ST-ZIP	INIDAD WEST INDIES		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RAMSINGH, TYRON		NAME		
STREET ADDRESS	2 SAVANNAH ST BRIDGE ST		STREET ADDRESS		
CITY-ST-ZIP	SAN JUAN TRINIDAD		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RAMSINGH, RAMESH		NAME		
STREET ADDRESS	8 11TH ST BARATARIA		STREET ADDRESS		
CITY-ST-ZIP	TRINIDAD WEST INDIES		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RAMSINGH, NARINE		NAME		
STREET ADDRESS	74 2ND ST		STREET ADDRESS		
CITY-ST-ZIP	BARATARIA TRINIDAD		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RAMSINGH, RAMNARINE		NAME		
STREET ADDRESS	CORNER 1ST ST & 4TH AVE		STREET ADDRESS		
CITY-ST-ZIP	BARATARIA TRINIDAD		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: *Seudial P. Ramiah*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 02 04 01 Daytime Phone # 305 233 6534

CR2E034 (10/00)