

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90020 034 ***158.75

DOCUMENT # S86420

1. Entity Name

CARICOM DEVELOPMENT CORP.

Principal Place of Business

Mailing Address

C/O CHADDERTON, GULISANO & CO PA
 3211 PONCE DE LEON BLVD. STE 201
 CORAL GABLES FL 33134
 US

C/O CHADDERTON, GULISANO & CO PA
 3211 PONCE DE LEON BLVD STE 201
 CORAL GABLES FL 33134-7274
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0290000

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

CHADDERTON, TREVOR B.
3211 PONCE DE LEON BLVD
STE 201
CORAL GABLES FL 33134

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 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 **D** ☐ Delete
 NAME **NEBHNANI, JYOTI**
 STREET ADDRESS **7550 FOLSON AUBURN RD 1207**
 CITY-ST-ZIP **FOLSOM CA**

TITLE **D** ☒ Change ☐ Addition
 NAME **NEBHNANI, JYOTI**
 STREET ADDRESS **# 1 WM PETER BLVD.**
 CITY-ST-ZIP **CASTRIES, ST. LUCIA**

TITLE **D** ☐ Delete
 NAME **RAM, HARIRAMANI**
 STREET ADDRESS **#1 WM PETER BLVD.**
 CITY-ST-ZIP **ST. LUCIA CAST-RIES**

TITLE **D** ☒ Change ☐ Addition
 NAME **HARIRAMANI, RAM**
 STREET ADDRESS **# 1 WM PETER BLVD.**
 CITY-ST-ZIP **CASTRIES, ST. LUCIA**

TITLE **PD** ☐ Delete
 NAME **ASNANI, DHANWANTI**
 STREET ADDRESS **1 WM. PETER BLVD.**
 CITY-ST-ZIP **CASTRIES ST**

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

TITLE **TD** ☐ Delete
 NAME **ASNANI, MOHAN**
 STREET ADDRESS **#1 WM PETER BLVD**
 CITY-ST-ZIP **CASTRIES ST**

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

TITLE **V** ☐ Delete
 NAME **SURENDER, CHUGANI**
 STREET ADDRESS **19705 NW 83RD PLACE**
 CITY-ST-ZIP **HIALEAH FL 33015**

TITLE **V D** ☒ Change ☐ Addition
 NAME **SURENDER, CHUGANI**
 STREET ADDRESS **10284 NW 56 STREET**
 CITY-ST-ZIP **MIAMI, FLORIDA 33178**

TITLE **S** ☐ Delete
 NAME **SCOBIE, HENRY E**
 STREET ADDRESS **#1 WM PETER BLVD**
 CITY-ST-ZIP **CASTRIES ST**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

18th FEB 2000

Date

305-513-4150

Daytime Phone #

CR2E034 (9/99)