

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S86420

1. Entity Name

CARICOM DEVELOPMENT CORP.

FILED
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90266 003 ***150.00

Principal Place of Business

% TREVOR B. CHADDERTON, CPA, P.A.
304 PALERMO AVE.
CORAL GABLES FL 33134
US

Mailing Address

% TREVOR B. CHADDERTON, CPA, P.A.
304 PALERMO AVE.
CORAL GABLES FL 33134
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0290000

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

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

Name

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

304 PALERMO AVE

City CORAL GABLES

FL

Zip Code

33134

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 D
NAME NEBHANI, JYOTI
STREET ADDRESS 1 WM PETER BLVD
CITY-ST-ZIP ST LUCIA CAST-RIES ☐ Delete

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

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

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

TITLE VD
NAME SURENDER, CHUGANI
STREET ADDRESS 01284 NW 56 ST
CITY-ST-ZIP MIAMI FL 33178 ☐ Delete

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

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SURENDER CHUGANI
EXECUTIVE DIRECTOR

02/16/01 305-513-4150

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)