## FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## FILED May 01, 2002 8:00 am Secretary of State

DOCUMENT #5864.  1. Entity Name  CARICOM DEVELO	05-01-2002 91 460 046 ***150.00				
DO NOT WRITE	IN THIS SP	ACE			
2. Principal Place of Business Trevor B. Chadderton	3. Mailing Address Trevor B. (	Chaddertor			
Suite, Apt. #, etc. 999 Ponce de Leon 1045 999 Ponce de Leon 1045			DO NO	WRITE IN THIS SPAC	E
Coral Gables, FL	City & State Coral Gables, FL		4. FEI Number 65-0290000		Applied For Not Applicable
Zip Country	<sup>Zip</sup> 33134	Country	5. Certificate of Status Des		75 Additional Required
	•	Name	7. Name and Address of Cu	rrent Registered Age	<u></u>
DO NOT WRITE IN THIS SPACE		Chadd	erton, Trevor B.		
		OCARIZ	Z, GITLIN & ZC	MERFELD,	
			Ponce de Leon		045
8. The above named entity submits this statement for t	the purpose of changing its con-	Coral	Gables		<sup>5p</sup> 539134
The day of vigined child submits this statement for a	the purpose of changing its re	egistered office or regis:	tered agent, or both, in the State	of Florida.	
SIGNATURE Signature, typed or printed name of registered agent and	d title if applicable. (NOTE: F	Registered Agent signature requi	red when reinstating)	DATE	
9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back)  January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of S		10. Election Campaig Trust Fund Contri		\$5.00 May Be Added to Fees	
11. OFFICERS AND DI					
NAME STREET ADDRESS CITY-ST-ZIP  D Jyoti Nebhnani 2305 NW 107 Ave Miami, FL 33172		NAME STREET ADDRESS CITY-ST-ZIP			CRZE034B (12/01)
TITLE NAME STREET ADDRESS CITY-SI-ZIP  D Ram Hariramani #1 WM Peter Blv Castries, St.Lu		TITLE NAME STREET ADDRESS CITY-ST-ZIP			CR2ED
ITILE D Surender Chugar STREET ADDRESS CITY-ST-ZIP Miami,_FL 33172	<b>.</b> ,	TITLE NAME STREET ADDRESS CITY-ST-ZIPS	DO NO	T WRITE	
TREE D Manoj Nebhnani AME 2305 NW 107 Ave.		TITLE NAME STREET ADDRESS CITY-ST-ZIP		SPACE	
D Mahesh Vasnani AMME 2305 NW 107 Ave CITY-ST-ZIP Miami, FL 33172	-	TITLE - NAME: STREET ADDRESS CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	
D Lal Gokaldas 2305 NW 107 Ave Miami, NFL 3317	2	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
13. I hereby certify that the information supplied with this indicated on this report or supplemental report is truof the corporation or the receiver or trustee empowers attachment with an address, with all other like emporation.	ered to execute this report as		same legal effect as if made un- 607, Florida Statutes; and that m	der oath; that I am an o y name appears in Blo	officer or director ock 11 or on an
SIGNATURE: SIGNATURE AND TYPED OR PRIN	TED NAME OF BIGNING OFFICER OR I	DRECTOR	4/17/02 Date		

## ADDITIOD

## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S86420/ 1. Entity Name CARICOM DEVELOPMENT CORP.	04395	5				
DO NOT WRITE IN THIS SF  2. Principal Place of Business  3. Mailing Address	PACE					
Trevor B. Chadderton						
99 Ponce de Leon #1045 Suite, Apt. #, etc.	DO NOT WRITE IN THIS SPACE					
City & State Coral Gables, FL City & State		4. FFI Number ,65-0290000	Applied For Not Applicable			
Zip Zip Zip Zip	Country	ountry  5. Certificate of Status Desired  Fee Required  5. Status Desired  Fee Required				
To Name and Address of Current Registered Agent  Name Chadderton, Trevor B.  Street Address (P.O. Box Number is Not Acceptable) OCARIZ, GITLIN, ZOMERFELD, LLP  999 Ponce de Leon Blvd. #1045  City FI Zip Code						
8. The above gamed entity submits this statement for the purpose of changing its		Luanies	331.34			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE)	Registered Agent signature required	J when reinstating) DATE				
Tax filing requirement and elects to do so.  After May  Amended	ay 1 Fee is \$150,00 1, Fee is \$550.00 I UBR is \$61.25 Ie to Department of Stat	Trust Fund Contribution.	\$5.00 May Be Added to Fees			
11. OFFICERS AND DIRECTORS	TITLE		======================================			
D/S/T Eulalie Scobie-Henry  STREET ADDRESS CITY ST ZIP  D/S/T Eulalie Scobie-Henry #1 WM Peter Blvd. Castries, St.Lucia	NAME STREET ADDRESS CITY- ST- ZIP		OR2E034B (12/01)			
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		CRZE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP TO THE COMMENT OF THE COMMEN	DO NOT WRITE	- بد نیشنیشنیستانی، شیده			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE  NAME  STREET ADDRESS  CITY- ST- ZIP	NTLE 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 on an attachment with an address, with all other like empowered.						
SIGNATURE: 5.5 4/17/02 305-513-4150						