2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

S86420

1. Entity Name

DOCUMENT #



May 15, 2003 8:00 am & Secretary of State

05-15-2003 90120 047 ***150.00

CARICON 															
Principal Place % TREVOR B 999 PONCE C CORAL GABL US 2. Principal P	. Chadderto De Leon Blvi Es fl 33134	DN. CPA, P.A. D. #1045	% TRI 999 P CORA US	Mailing Address % TREVOR B. CHADDERTON. CPA. P.A. 999 PONCE DE LEON BLVD. #1045 CORAL GABLES FL 33134 US 3. Mailing Address											
Suite, Apt. #, etc. Suite, Apt. #, etc.								☐ CHECK HERE IF MAKING CHANGES							
City & Stat	e		City & State					65-12900100 			plied For t Applicable	-			
Zip	Country			Zip		Country		5. Certifica	ate of Status	Desired		\$8.75 Add	itional	1	
ļ	6. Name	and Address of Currer	t Registere	d Agent				7. Name a	nd Address	of New Re	egistered	Agent		7-	
						Name								٦	
CHADDERTON, TREVOR B.							,								
OCARTIZ , GITLIN & ZOMERFELD, LLP						Street A	ddress (F	O. Box Num	nber is Not A	cceptable))				
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999 PONCE DE LEON BLVD. #1045 CORAL GABLES FL 33134							_	· ·							
UURAL G	ABLES FL :	33134				City					FL	Zip Code	•		
l	named entity	y submits this statement ered agent.	for the purpo	ose of changing its	registered	d office or	r registere	d agent, or	both, in the S	tate of Flo	rida. 1 am	familiar with, a	and accept	1	
															
SIGNATURE.	-	<u> </u>												1	
	Signature, typed	or printed name of registered age	nt and tille if appli	cable. (NOTE	: Registered	Agent signati	ure required v	when reinstating)			DATE			_	
FILE NOW!!! FEE IS \$150.00									Election Can	nnaion Ein	ancino	¢E N	0 n .		
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								l l	Trust Fund C	. •			May Be to Fees		
10.	•	OFFICERS AN	D DIRECTOR	RS	11.			ADDITION	S/CHANGE	S TO OFFI	CERS AN	D DIRECTORS	SIN 11	┪	
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

GOKALDAS, LAL

MIAMI FL 33172

2305 NW 107 AVENUE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

🖺 Delete

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Miani, AL 33282-6029

P.O. Box 836029

Addition

2003 FOR PROFIT CORPOR MOITIGEA UNIFORM BUSINESS REPORT (UBR) DOCUMENT # S86420 1. Entity Name CARICOM DEVELOPMENT CORP 90135403 Principal Place of Business Mailing Address % TREVOR B. CHADDERTON. CPA. P.A. % TREVOR B. CHADDERTON, CPA. P.A. 999 PONCE DE LEON BLVD. #1045 999 PONCE DE LEON BLVD. #1045 **CORAL GABLES FL 33134 CORAL GABLES FL 33134** US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 🖫 65-0290000 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required-6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHADDERTON, TREVOR B. Street Address (P.O. Box Number is Not Acceptable) OCARTIZ, GITLIN & ZOMERFELD, LLP 999 PONCE DE LEON BLVD. #1045 CORAL GABLES FL 33134 Zip Code F 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE 🗀 Change Delete D7s7T NAME NAME Eulalie Scobie-Henry STREET ADDRESS STREET ADORESS #1 WM Peter Blvd. CITY-ST-ZIP CITY-ST-ZIP <u>Castries.St_Lucia</u> Delets TITLE TITLE Addition Change NAME ! NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete لَــُـ، TITLE _ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE 🗓 Delete TITLE : | Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITL F . Delete Addition [Channe NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3 CITY-ST-ZIP TITLE TITLE Delete ث Change ☐ Addit NAME NAME STREET ADDRESS STREET ADDRESS CITY, ST-ZIP. 1 CITY-ST-ZIP 12. Thereby certify that the Information supplied with this filling 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 10 or Block 11 is changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

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