

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V20139

1. Entity Name

FLORIDA/CARIBBEAN MARKETING, INC.

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90206 002 \*\*\*150.00

835549



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
5201 NW 33RD AVE  
STE 117  
LAUDERDALE FL 33309

Mailing Address  
2724 NW 26TH ST.  
BOCA RATON FL 33434-6010  
US

2. Principal Place of Business  
500 S. Andrews Ave  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
DUMPALE BEACH, FL  
Zip  
33069  
Country  
US

City & State  
Zip  
Country

4. FEI Number 59-3118356  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
WHITE, EDGAR L.  
2724 NW 26TH ST.  
BOCA RATON FL 33434

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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

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, 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

## OFFICERS AND DIRECTORS

P	WHITE, EDGAR L. 2724 NW 26TH ST. BOCA RATON FL	<input type="checkbox"/> Delete
ADDRESS		
ST-ZIP		
		<input type="checkbox"/> Delete
ADDRESS		
ST-ZIP		
		<input type="checkbox"/> Delete
ADDRESS		
ST-ZIP		
		<input type="checkbox"/> Delete
ADDRESS		
ST-ZIP		
		<input type="checkbox"/> Delete
ADDRESS		
ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 furnished 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: *E. L. White*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-00

Date

Daytime Phone #

CR2E034 (9/99)