

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001041

FILED
May 03, 2017
Secretary of State
CC2088237808

Entity Name: BROWARD CARIBBEAN CARNIVAL, INC.

Current Principal Place of Business:

4220 NW 41ST TERRACE
LAUDERDALE LAKES, FL 33323

Current Mailing Address:

4220 NW 41ST TERRACE
LAUDERDALE LAKES, FL 33323 US

FEI Number: 20-2315089

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ZAMORA, MARIO NOTARY
8004 NW 154 STRET
#132
MIAMI LAKES, FL 33016 US

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: ZAMORA MARIO

05/03/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name ZAMORA, MARIO
Address 2801 NW 112 AVE
City-State-Zip: PLANTATION FL 33323

Title VP, TREASURER
Name RAFIEK, MOHAMMED
Address 4220 NW 41ST TERRACE
City-State-Zip: LAUDERDALE LAKES FL 33323

Title PR
Name SWASEY, GILDA
Address 4220 NW 41ST TERRACE
City-State-Zip: LAUDERDALE LAKES FL 33323

Title SECRETARY
Name HAYNES, JEANETTE
Address 2801 NW 112 AVE
City-State-Zip: PLANTATION FL 33323

Title D
Name JACK, NICHOLAS
Address 2801 NW 112 AVE
City-State-Zip: PLANTATION FL 33323

Title DIRECTOR
Name JOSEPH, ANTHONY
Address 2801 NW 112 AVE
City-State-Zip: PLANTATION FL 33323

Title DIRECTOR
Name PHIPS, LARSON
Address 4220 NW 41ST TERRACE
City-State-Zip: LAUDERDALE LAKES FL 33323

Title DIRECTOR
Name MICHAEL, DALLAS
Address 4220 NW 41ST TERRACE
City-State-Zip: LAUDERDALE LAKES FL 33323

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARIO ZAMORA

D

05/03/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name BECKFORD, JOHN
Address 4220 NW 41ST TERRACE
City-State-Zip: LAUDERDALE LAKES FL 33323

Title DIRECTOR
Name DE CRUISE, CARLYLE
Address 4220 NW 41ST TERRACE
City-State-Zip: LAUDERDALE LAKES FL 33323