

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 248696

1. Entity Name

CARFEL, INC.

Principal Place of Business

6900 NW 77 CT
MIAMI FL 33166
US

Mailing Address

6900 NW 77 CT
MIAMI FL 33166
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

FELDENKREIS, GEORGE
3000 N W 107TH AVENUE
MIAMI FL 33172

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

TITLE ☐ Delete
NAME D
STREET ADDRESS FELDENKREIS, OSCAR
CITY-ST-ZIP 13205 BISCAYNE ISLAND
N.MIAMI FL

TITLE ☐ Delete
NAME PD
STREET ADDRESS FELDENKREIS, GEORGE
CITY-ST-ZIP 3000 N W 107TH AVENUE
MIAMI FL 33172

TITLE ☐ Delete
NAME STD
STREET ADDRESS HANONO, FANNY
CITY-ST-ZIP 1805 N.E. 198 TERRACE
N. MIAMI BCH FL

TITLE ☐ Delete
NAME VP
STREET ADDRESS HANONO, SALOMON
CITY-ST-ZIP 1805 NE 198TH TERRACE
N MIAMI BEACH FL

TITLE ☒ Delete
NAME VP
STREET ADDRESS HALSTON, MICHAEL
CITY-ST-ZIP 1160 DANBURY AVE
DAVIE FL 33325

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

x 4/11/01 x



DO NOT WRITE IN THIS SPACE

FILED
Apr 23, 2001 8:00 am
Secretary of State
04-23-2001 90099 033 ***150.00

CR2E034 (10/00)

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