

FROM :

FAX NO. : 9544633306

FILED
Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90002 048 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 435899

1. Entity Name
CARONE GALLERY, INC.

Principal Place of Business
**600 SE 2 COURT
FT LAUDERDALE FL 33301**

Mailing Address
**600 SE 2 COURT
FT LAUDERDALE FL 33301**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Subs., Apt. #, etc.

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

City & State

4. FEI Number **59-1485354**
Applied For
 Not Applicable

Zip Country

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

6. Name and Address of Current Registered Agent
**DOUMAR, RAYMOND A
1177 SE 3 AVE
FT LAUDERDALE FL 33316**

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 _____ DATE _____
Signature typed or printed name of registered agent and principal officer-director (NOTE: Registered Agent signature required when re-issuing)

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, 2002 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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS CARONE, JOANN 600 SE 2ND CT FT LAUDERDALE FL 33301	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/VP/IT MATTHEW CARONE 600 SE 2ND CT FT. LAUDERDALE, FL. 33301	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 109.07(2)(b), 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 its receiver or trustee and empowered to prepare 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 an office, or empowered.

SIGNATURE: Matthew Carone Date: 1-8-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR