


# 2002 UNIFORM BUSINESS REPORT (UBR)

0002823 AV

**DOCUMENT # A31953**

1. Entity Name  
**CARBI & MAISON, LTD.**

**FILED**  
2002 FEB 25 AM 10:49  
DIVISION OF CORPORATIONS  
TALLAHASSEE FLORIDA



Principal Place of Business: **809 N. DIXIE HIGHWAY WEST PALM BEACH FL 33401**

Mailing Address: **809 N. DIXIE HIGHWAY WEST PALM BEACH FL 33401**

2. Principal Place of Business: Suite, Apt. #, etc.

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

City & State

Zip Country

**DUE BY MAY 1, 2002**

4. FEI Number: **65-0286787**

Applied For:  Not Applicable

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

6. Name and Address of Current Registered Agent

**M & W AGENTS, INC.**  
**2101 CORPORATE BLVD., SUITE 107**  
**BOCA RATON FL 33431**

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 title if applicable.

9. Capital Contributions as Shown on record: **\$1,000.00**

10. Amount of Capital Contributions in FLORIDA to date: **\$1,000.00**

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	<b>S40014</b>
NAME	<b>OXFORD MAISON CORP.</b>
STREET ADDRESS	<b>809 N. DIXIE HIGHWAY</b>
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33401</b>
DOCUMENT #	<b>S72541</b>
NAME	<b>CARBI DESIGN, INC.</b>
STREET ADDRESS	<b>809 N. DIXIE HIGHWAY</b>
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33401</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:** *[Signature]* **JOYCE F. MAISON** **02/19/02 (561)835-4550**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Day/Me Phone #

CR2E003 (9/01)