

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

0046960

05-18-2001 91598 046 ****61.25

DOCUMENT # N95000003232

1. Entity Name

CARVEL FOUNDATION, INC.

Principal Place of Business

787 S.E. 17 STREET
 #417
 FT. LAUDERDALE FL 33316
 US

Mailing Address

787 S.E. 17 STREET
 #417
 FT. LAUDERDALE FL 33316
 US

552505



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

757 S.E. 17 ST.
 Suite, Apt. #, etc.
 #417

3. Mailing Address

757 SE. 17 ST.
 Suite, Apt. #, etc.
 #417

City & State

FT. LAUDERDALE, FL

Zip
 33316

Country
 USA

City & State

FT. LAUDERDALE, FL

Zip
 33316

Country
 USA

4. FEI Number

65-0607673

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CARVEL, PAMELA
 787 S.E. 17 STREET
 #417
 FT. LAUDERDALE FL 33316

7. Name and Address of New Registered Agent

Name **PAMELA CARVEL**
 Street Address (P.O. Box Number is Not Acceptable)
757 S.E. 17 ST. #417
 City **FT. LAUDERDALE** **FL** Zip Code **33316**

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

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> Delete
NAME	CARVEL ESTATE, AGNES	
STREET ADDRESS	268 RUSSELL CT., 3 WOBURN PL.	
CITY-ST-ZIP	LONDON ENGLAND WC1H 0NF	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARVEL, PAMELA	
STREET ADDRESS	787 S.E. 17 STREET, #417	
CITY-ST-ZIP	FT. LAUDERDALE FL 33316	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARVEL, LINDA	
STREET ADDRESS	787 S.E. 17 STREET, #417	
CITY-ST-ZIP	FT. LAUDERDALE FL 33316	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARVEL, PAMELA	
STREET ADDRESS	757 S.E. 17 ST. #417	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33316	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARVEL, LINDA	
STREET ADDRESS	757 S.E. 17th ST. #417	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33316	
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		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Handwritten Signature]* **DIR**

4-6-01 954-524-1909

CR2E037 (10/00)