

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000071009

1. Entity Name

CARIAMERICAN TRADING, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90158 002 ***150.00

Principal Place of Business

Mailing Address

42 WILLIAMS ROAD
HOLLYWOOD FL 33023

42 WILLIAMS ROAD
HOLLYWOOD FL 33023-5266

2. Principal Place of Business

7646 NW 74 AVE

3. Mailing Address

7646 NW 74 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMARAC FL.

City & State

TAMARAC FL

4. FEI Number

65-0851413

Applied For

Not Applicable

Zip

Country

33321

U.S.A.

Zip

Country

33321

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARAJH, CHANDRADATH
42 WILLIAMS ROAD
HOLLYWOOD FL 33023

Name

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

7646 NW 74 AVE

TAMARAC

City

FL

Zip Code

33321

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

4-20-00

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, 2000 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 ☐ Delete
NAME D
STREET ADDRESS MARAJH, CHANDRADATH
CITY-ST-ZIP 42 WILLIAMS ROAD
HOLLYWOOD FL 33023

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/00 954-718-9376

CR2E034 (9/99)