

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 08, 2000 8:00 am**  
**Secretary of State**

06-08-2000 90019 042 \*\*\*550.00

**DOCUMENT # P98000092337**  
**1. Entity Name**  
**LAW OFFICES OF KENNETH J. CARUSELLO, P.A.**

<b>Principal Place of Business</b> 1925 PONCE DE LEON BLVD. CORAL GABLES FL 33134	<b>Mailing Address</b> 1925 PONCE DE LEON BLVD. CORAL GABLES FL 33134-5827
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DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b> 2655 LeJeune Road Suite, Apt. #, etc. PH 1 D City & State Coral Gables, FL Zip 33134 Country USA	<b>3. Mailing Address</b> 2655 LeJeune Road Suite, Apt. #, etc. PH 1 D City & State Coral Gables, FL Zip 33134 Country USA
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<b>4. FEI Number</b> 65-0872919	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**  
 CARUSELLO, KENNETH J.  
 1925 PONCE DE LEON BLVD.  
 CORAL GABLES FL 33134

**7. Name and Address of New Registered Agent**

<b>Name</b> Kenneth J. Carusello
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 2655 LeJeune Road PH 1 D
<b>City</b> Coral Gables <b>FL</b> <b>Zip Code</b> 33134

**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, 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	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> CARUSELLO, KENNETH J 1925 PONCE DE LEON BLVD. CORAL GABLES FL 33134 <input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> 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 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:** Kenneth J. Carusello  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/30/00 305-443-8292  
Date Daytime Phone #

CF E034 (9/99)