CR2E034 (9/01)

**FILED** 

## 2002 Uniform Business Report (UBR)

## Mar 14, 2002 8:00 am Secretary of State DOCUMENT # P99000071697 1. Entity Name 03-14-2002 90029 040 \*\*\*150.00 CARL S. WOLTER P.A. Principal Place of Business Mailing Address P.O. BOX 3325 P.O. BOX 3325 MIAMI BEACH FL 33140 MIAMI BEACH FL 33140 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE -0940461 City & State City & State 4. FEI Number Applied For <del>65-1025016</del> Not Applicable Zip Country Country \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ---Name WOLTER, CARL S Street Address (P.O. Box Number is Not Acceptable) 5935 N.E. 6TH COURT **MIAMI FL 33137** Zip Code Note change of DD Box 4 City 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 \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE Addition TITLE ☐ Delete NAME NAME WOLTER, CARL S STREET ADDRESS STREET ADDRESS P.O. BOX 3325 CITY-ST-ZIP MIAMI BEACH FL 33140 CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change - - - - Addition -TITLE Delete-STITLE -NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAMÉ STREET ADDRESS 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

**SIGNATURE:** 

changed, or on an attachment with an

with all other like empowered