

DOCUMENT # 682832

1. Entity Name

CAROUSEL DEVELOPMENT & RESTORATION, INC.

Principal Place of Business

Mailing Address

1450 SW 10TH ST
STE 8
DELRAY BEACH FL 33444
US

1450 SW 10TH ST
STE 8
DELRAY BEACH FL 33444-1230
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

CAROSELLA, JOSEPH
1450 SW 10TH AVE
STE 8
DELRAY BEACH FL 33444

Name

Street Address (If different from above)

City

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required)

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

11. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PTD
CAROSELLA, JOSEPH
1450 SW 10TH ST STE 8
DELRAY BCH FL

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VSD
BIANCHINI, MICHAEL J.
1450 SW 10TH ST STE 8
DELRAY BCH FL

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

12.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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 607 of the Florida Statutes, and that the information supplied is true and accurate and that my signature shall have the effect of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 of the Florida Statutes, 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

SIGNATURE: Joseph Carosella 3-10-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)