

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 280886

1. Entity Name

CARLTON TERRACE CORPORATION

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90109 033 ***150.00

Principal Place of Business: 2081 N E 56TH ST FT LAUDERDALE FL 33308
 Mailing Address: 2081 N E 56TH ST FT LAUDERDALE FLA 33308-2591



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number **59-1083576**
 Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
ZAUG, LEO J.
2081 N.E. 56TH ST.
#101
FT LAUDERDALE FL 33308

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 Leo J Zaug Leo J Zaug 1-7-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ZAUG, LEO J. 2081 N.E. 56TH ST., #101 FT LAUDERDALE, FL 00000 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DISANZA, VINSENZO D. 2141 NE 56 ST FORT LAUDERDALE FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RADFORD, WILLIAM 2081 NE 56TH ST #105 FORT LAUDERDALE FL 33308 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BAKER, SYLVIA 2065 NE 56 ST #108 FORT LAUDERDALE FL 33308 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUAGLIERI, A. 2065 N.E. 56TH ST., #102 FT LAUDERDALE, FL 00000 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIFFIN, MILDRED L. 2081 NE 56 ST FORT LAUDERDALE FL <input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer DANIEL MOECIA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2165 NE 56TH ST #200 FT. LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY SULLIVAN TULLY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2165 NE 56TH ST FT. LAUDERDALE FLA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR ACHARD TULLY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2165 NE 56TH ST #101 FT. LAUDERDALE FLA 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR GAIL LOMBARDO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2111 NE 56TH ST FT. LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR GULIA BUHTER <input type="checkbox"/> Change <input type="checkbox"/> Addition 2141 NE 56TH ST. #101 FT LAUDERDALE, FL 33308
TITLE 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: Leo J Zaug 1/5/00 954-776-1260
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2F034 (9/99)