

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 389442

1. Entity Name

CARASTRO & ASSOCIATES, INC.

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90255 046 ***158.75

Principal Place of Business

2609 DELEON ST.
TAMPA FL 33609

Mailing Address

2609 DELEON ST.
TAMPA FL 33609

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1384902

Applied For

Not Applicable

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

CARASTRO, PAUL S.
4501 DATURA AVE
TAMPA FL 33611

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

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	CD CARASTRO, SAM 2609 DELEON ST. TAMPA FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARASTRO, GLORIA 2609 DELEON ST. TAMPA FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT CARASTRO, PAUL 2609 DELEON ST TAMPA FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS CRAKOW, FREDERICK S. 2609 DELEON STREET TAMPA FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ERICSON, DALE L. 2609 DE LEON STREET TAMPA FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MAC FERRAN, ERNEST L. 2609 DE LEON STREET TAMPA FL	☐ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul S. Carastro

Date

(813) 874-9494

Daytime Phone #

CR2E034 (10/00)