

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90082 005 ***150.00

DOCUMENT # 442454

1. Entity Name

CAROUSEL ANTIQUES, INC.

Principal Place of Business

Mailing Address

4 S FEDERAL HWY
FL 33004

6 S FEDERAL HWY
DANIA FL 33004-3605
US

2. Principal Place of Business

3. Mailing Address

48 S. Federal Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DANIA, Florida

City & State

Zip

33004

Country

Broward

Zip

Country

4. FEI Number 59-1502806

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CIMAGLIA, THOMAS P.
5750 SOUTH STATE ROAD 7
FT. LAUDERDALE FL 33314

7. Name and Address of New Registered Agent

Name

Thomas P. Cimaglia

Street Address (P.O. Box Number is Not Acceptable)

16 South Federal Highway

City

DANIA

FL

Zip Code

33004

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	CIMAGLIA, THOMAS P	
STREET ADDRESS	8721 NO LAKE DASHA DR	
CITY-ST-ZIP	PLANTATION FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CIMAGLIA, SANDRA J	
STREET ADDRESS	8721 N LAKE DASHA DR	
CITY-ST-ZIP	PLANTATION FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	CIMAGLIA, SANDRA J.	
STREET ADDRESS	8721 NO LAKE DASHA DR	
CITY-ST-ZIP	PLANTATION FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E034 (9/99)

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

3/10/00
Date

(954) 923-5000
Daytime Phone #