

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2002 8:00 am**  
**Secretary of State**

05-05-2002 90082 025 \*\*\*150.00

**DOCUMENT # 442454**

1. Entity Name  
**CAROUSEL ANTIQUES, INC.**

Principal Place of Business

**48 S FEDERAL HWY  
DANIA FL 33004  
US**

Mailing Address

**48 S FEDERAL HWY  
DANIA FL 33004  
US**

2. Principal Place of Business

**413 E. Atlantic Blvd.  
Suite, Apt. #, etc.**

3. Mailing Address

**413 E. Atlantic Blvd.  
Suite, Apt. #, etc.**



DO NOT WRITE IN THIS SPACE

City & State

**Pompano Beach, FL**

Zip

**33060**

Country

**Broward**

City & State

**Pompano Beach, FL**

Zip

**33060**

Country

**Broward**

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.  
48 S FEDERAL HIGHWAY  
DANIA FL 33004**

7. Name and Address of New Registered Agent

Name **Thomas P. Cimaglia**  
Street Address (P.O. Box Number is Not Acceptable)  
**413 East Atlantic Blvd.**

City

**Pompano Beach,**

**FL**

Zip Code

**33060**

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)

**April 19, 2002**  
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, 2002 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	<b>CIMAGLIA, THOMAS P</b>	
STREET ADDRESS	<b>8721 NO LAKE DASHA DR</b>	
CITY-ST-ZIP	<b>PLANTATION FL</b>	
TITLE	VD	<input type="checkbox"/> Delete
NAME	<b>CIMAGLIA, SANDRA J</b>	
STREET ADDRESS	<b>8721 N LAKE DASHA DR</b>	
CITY-ST-ZIP	<b>PLANTATION FL</b>	
TITLE	ST	<input type="checkbox"/> Delete
NAME	<b>CIMAGLIA, SANDRA J.</b>	
STREET ADDRESS	<b>8721 NO LAKE DASHA DR</b>	
CITY-ST-ZIP	<b>PLANTATION FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
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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
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)