

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90037 047 ***150.00

DOCUMENT # 514037

1. Entity Name

CARO ELECTRIC, INC.

Principal Place of Business

Mailing Address

~~7101 SW 136 AVE~~ **12010 SW 22 CT**
~~FT LAUDERDALE FL 33330~~ **DAVIE, FL**
~~US~~ **33325**

12010 SW 22 CT
DAVIE FL 33325
US

00004004



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

12010 SW 22 CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DAVIE

City & State

City & State

FL

4. FEI Number **59-1794128**

Applied For

Not Applicable

Zip **33325**

Country **US**

Zip

Country

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

CARO, H. RAYMOND
7101 S.W. 136TH AVENUE
FT. LAUDERDALE FL 33330

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 **P** ☐ Delete
 NAME **CARO, RAYMOND H**
 STREET ADDRESS **7101 S.W. 136 AVENUE**
 CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **V** ☐ Delete
 NAME **CARO, GEORGE**
 STREET ADDRESS **12010 SW 22ND CT**
 CITY-ST-ZIP **DAVIE FL 33325**

TITLE **S** ☐ Delete
 NAME **CARO, ENETTE**
 STREET ADDRESS **7101 S.W. 136 AVENUE**
 CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **T** ☐ Delete
 NAME **CARO, DEBRA**
 STREET ADDRESS **12010 SW 22ND CT**
 CITY-ST-ZIP **DAVIE FL 33325**

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Debra T Caro

Date

1/10/01

Daytime Phone #

954 424-2925

CR20034 (10/00)

0270651