

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**  
 04-25-2001 90121 042 \*\*\*150.00

**DOCUMENT # 643345**

1. Entity Name  
**CAROLINA PROPERTIES CORP.**

Principal Place of Business 9300 S. DADELAND BLVD. SUITE 414 MIAMI FL 33156	Mailing Address 9300 S. DADELAND BLVD. SUITE 414 MIAMI FL 33156
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>10691 N Kendall Dr</i>	3. Mailing Address <i>10691 N. Kendall Dr</i>
Suite, Apt. #, etc. <i>Suite 108</i>	Suite, Apt. #, etc. <i>Suite 108</i>
City & State <i>MIAMI FL</i>	City & State <i>MIAMI FL</i>
Zip <i>33176</i>	Country <i>USA</i>

4. FEI Number <b>59-1945221</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
**STECHMANN, ROBERT A**  
**9300 S. DADELAND BLVD.**  
**SUITE #414**  
**MIAMI FL 33156**

7. Name and Address of New Registered Agent  
 Name  
*10691 N. Kendall Dr.*  
 Street Address (P.O. Box Number is Not Acceptable)  
*Suite 108*  
 City  
*MIAMI* FL Zip Code *33176*

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>STECHMANN, ROBERT A</b> <b>9300 S. DADELAND BLVD.</b> <b>MIAMI FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>STECHMANN, ANN S</b> <b>9300 S. DADELAND BLVD.</b> <b>MIAMI FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: *Robert A. Stechmann* **04/16/01** (305) 598-6253  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

UBR000003

CR2E034 (1/0/00)