

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90052 049 ***150.00

DOCUMENT # 043345 ✓
1. Entity Name
CAROLINA PROPERTIES CORP.

DO NOT WRITE IN THIS SPACE

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

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Robert A. Stechmann
Street Address (P.O. Box Number is Not Acceptable)
10691 N. Kendall Dr., 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STECHMANN, ROBERT A. 10691 N. Kendall Dr., Ste 108 Miami, FL 33176	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STECHMANN, ANN S. 10691 N. Kendall Dr., Ste 108 Miami, FL 33176	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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 on an attachment with an address, with or without other like empowerment.

SIGNATURE: *Robert A. Stechmann*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Robert A. Stechmann, President

4-18-02 305 598-6253
Date Daytime Phone #

CR2E034B (12/01)