

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 652110

1. Entity Name

CAROLE RAFT PROPERTIES, INC.

FILED

Mar 29, 2000 8:00 am  
Secretary of State

03-29-2000 90003 037 \*\*\*150.00

Principal Place of Business

Mailing Address

~~4933 N UNIV DR~~  
LAUDERHILL FL 33351

~~4933 N UNIV DR~~  
LAUDERHILL FL 33321-1869

2. Principal Place of Business

3. Mailing Address

7654 NOB HILL RD

7654 NOB HILL RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
TAMARAC, FL

City & State  
TAMARAC, FL

Zip 33321 Country USA

Zip 33321 Country USA

4. FEI Number 59-1964606

Applied For  
Not Applicable

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

RAFT, CAROLE  
~~4933 N UNIV DRIVE~~ 7654 NOB HILL RD  
LAUDERHILL FL 33351 TAMARAC FL 33321

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 Carole Raft CAROLE RAFT

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/24/00

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  
NAME RAFT, CAROLE  
STREET ADDRESS ~~4933 N UNIVERSITY DR~~ 7654 NOB HILL RD  
CITY-ST-ZIP LAUDERHILL FL TAMARAC FL 33321

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ 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: Carole Raft CAROLE RAFT 3/24/2000 (954) 724-2250  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)