

2001 UNIFORM BUSINESS REPORT (UBR)

0004195 AF

DOCUMENT # A95000002050

1. Entity Name

CARRIER GROUP, LTD.

APPROVED
AND
FILED

01 FEB 12 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

719 ALEDO AVE.
CORAL GABLES FL

719 ALEDO AVE.
CORAL GABLES FL

2. Principal Place of Business

3. Mailing Address

5411 SW 39th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Ft. Lauderdale, FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

33312

USA

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

DANIELS, NICHOLAS M
THERREL BAISDEN & MEYER WEISS
1111 LINCOLN ROAD MALL, STE. 500
MIAMI BEACH FL 33139

Name Same

Street Address (P.O. Box Number is Not Acceptable)
ONE SE 3rd Avenue
Suite 2400

City Miami, FL 33131 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. Capital Contributions
as Shown on record.

\$4,375,029.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # P95000097020
NAME GCA NOR-CAR, INC.
STREET ADDRESS 719 ALEDO AVE.
CITY-ST-ZIP CORAL GABLES FL

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

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****535.00 ****535.00

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CITY-ST-ZIP

TB

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

GCA NOR-CAR, INC. BY: [Signature] CURTIS N. KAE Boston (954) 985-1120

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)