

# 2002 UNIFORM BUSINESS REPORT (UBR)

001095 AT

**DOCUMENT #** A95000002050

**1. Entity Name**  
CARRIER GROUP, LTD.

FILED

02 FEB -4 PM 3:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**Principal Place of Business**  
719 ALEDO AVE.  
CORAL GABLES FL

**Mailing Address**  
5411 SW 39TH AVE.  
FT LAUDERDALE FL 33312

**2. Principal Place of Business**  
5411 SW 39 Avenue  
Suite, Apt. #, etc.

**3. Mailing Address**  
5411 SW 39 Ave  
Suite, Apt. #, etc.

**DUE BY MAY 1, 2002**

**City & State**  
Dania Beach, FL

**City & State**  
Dania Beach, FL

**Zip**  
33312

**Country**  
USA

**4. FEI Number**  
NOT APPLICABLE

**Applied For**  
Not Applicable

**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
DANIELS, NICHOLAS M  
ONE SE 3RD AVE., STE. 2400  
MIAMI FL 33131

**7. Name and Address of New Registered Agent**

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** \_\_\_\_\_ **DATE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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

| 13. ADDRESS CHANGES ONLY |                       |
|--------------------------|-----------------------|
| STREET ADDRESS           | 5411 SW 39 Avenue     |
| CITY-ST-ZIP              | Dania Beach, FL 33312 |
| STREET ADDRESS           |                       |
| CITY-ST-ZIP              |                       |
| STREET ADDRESS           |                       |
| CITY-ST-ZIP              |                       |
| STREET ADDRESS           |                       |
| CITY-ST-ZIP              |                       |
| STREET ADDRESS           |                       |
| CITY-ST-ZIP              |                       |

**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:** *[Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER** C. V. W. 1/21/02 (954) 985-1120

CR2E003 (9/01)