

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000002521**

1. Entity Name  
**CARROLL FAMILY ENTERPRISES, LTD.**

FILED

00 MAR 10 AM 8:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
3101 NORTH STATE ROAD 7  
HOLLYWOOD FL 33021

Mailing Address  
3101 NORTH STATE ROAD 7  
HOLLYWOOD FL 33021-2102

2. Principal Place of Business  
**8655 Pines Blvd.**

3. Mailing Address  
**8655 Pines Blvd.**

DO NOT WRITE IN THIS SPACE

City & State  
**Pembroke Pines, FL**

City & State  
**Pembroke Pines, FL**

Zip  
**33024**

Country  
**USA**

Zip  
**33024**

Country  
**USA**

4. FEI Number  
**65-0799351**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**SINGER, BERNARD A ESQ.  
4700 SHERIDAN STREET, SUITE B  
HOLLYWOOD FL 33021**

7. Name and Address of New Registered Agent  
Name  
**Bernard A. Singer**  
Street Address (P.O. Box Number is Not Acceptable)  
**4925-A Sheridan Street**  
City  
**HOLLYWOOD** FL Zip Code  
**33021**

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

9. Capital Contributions as Shown on record. **\$10,000,000.00**

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 #	<b>P97000087992</b>
NAME	<b>J.C. CORP. OF SOUTH FLORIDA</b>
STREET ADDRESS	<b>3101 NORTH STATE ROAD 7</b>
CITY-ST-ZIP	<b>HOLLYWOOD FL 33021</b>
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	<b>8655 Pines Boulevard</b>
CITY-ST-ZIP	<b>Pembroke Pines, FL 33024</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<del>200003178532-0</del>
CITY-ST-ZIP	<del>-03/21/00--01107--015</del>
	<del>***526.25 ***526.25</del>
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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

CR2E003 (9/99)