

2001 UNIFORM BUSINESS REPORT (UBR)

0003070 AF

DOCUMENT # **A97000002521**

1. Entity Name

CARROLL FAMILY ENTERPRISES, LTD.

FILED

01 MAY -1 PM 5: 32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

8655 PINES BLVD
PEMBROKE PINES FL 33024

Mailing Address

8655 PINES BLVD
PEMBROKE PINES FL 33024



2. Principal Place of Business

10021 Pines Blvd

3. Mailing Address

10021 Pines Blvd

Suite, Apt. #, etc.

#202

Suite, Apt. #, etc.

#202

City & State

Pembroke Pines FL

City & State

Pembroke Pines FL

4. FEI Number

65-0799351

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

MJH

6. Name and Address of Current Registered Agent

SINGER, BERNARD A ESQ.
4925-A SHERIDAN STREET
HOLLYWOOD FL 33021

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

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.

\$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 this form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # **P97000087992**
NAME **J.C. CORP. OF SOUTH FLORIDA**
STREET ADDRESS **8655 PINES BLVD**
CITY-ST-ZIP **PEMBROKE PINES FL 33024**

13. ADDRESS CHANGES ONLY

STREET ADDRESS *10021 Pines Blvd #202*
CITY-ST-ZIP *Pembroke Pines FL 33024*

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

81000004286918
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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: *Ames S. Carroll*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date **4-27-01**

Daytime Phone # **954-450-3210**

000(11) 003 CRT