

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000006224

1. Entity Name

JOHN CARROW LTD., CORPORATION

FILED

Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90016 010 ***150.00

Principal Place of Business

DUNMORE PLACE
CAPITOL HEIGHTS MD 20743

Mailing Address

601 DUNMORE PLACE
CAPITOL HEIGHTS MD 20743-3725

00028141



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

52-0780072

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CRISP, TRACY
5903 FRONTAGE RD.
TEMPLE TERRACE FL 33617

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. 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	STD	TITLE	
NAME	ROSENBERG, JUANITA	NAME	
STREET ADDRESS	12208 AUTUMNWOOD LANE	STREET ADDRESS	
CITY-ST-ZIP	TANTALLON MD	CITY-ST-ZIP	
TITLE	PD	TITLE	
NAME	ROSENBERG, RAYMOND	NAME	
STREET ADDRESS	35 WILELINOR DR.	STREET ADDRESS	
CITY-ST-ZIP	EDGEWATER MD	CITY-ST-ZIP	
TITLE	VD	TITLE	
NAME	ROSENBERG II, EUGENE	NAME	
STREET ADDRESS	4567 OLD SOLOMONS ISLAND ROAD	STREET ADDRESS	
CITY-ST-ZIP	HARWOOD MD	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/95)