

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H64037

1. Entity Name

CARRERAS, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90007 036 ***158.75

Principal Place of Business
111 DOGWOOD TRAIL
25325 RIVER CREST DRIVE
LEESBURG FL 34748
US

Mailing Address
111 DOGWOOD TRAIL
25325 RIVER CREST DRIVE
LEESBURG FL 34748-8668
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
111 DOGWOOD TRAIL

3. Mailing Address
111 DOGWOOD TRAIL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
LEESBURG, FL

City & State
LEESBURG, FL

4. FEI Number **59-2563027**

Applied For

Not Applicable

Zip
34748

Country
USA

Zip
34748

Country
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

CARRERAS, NADINE
25325 RIVER CREST DR
LEESBURG FL 34748

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 **CARRERAS, NADINE**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
CARRERAS, NADINE S.
25325 RIVERCREST DR
LEESBURG FL 34748

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
111 DOGWOOD TRAIL

☒ Change ☐ Addition

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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: **Nadine Carreras** (NADINE CARRERAS) 4/15/00 (352) 314-2269
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)