

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H76826

1. Entity Name

CARLIN FABRICATORS, INC.

Principal Place of Business

1205 NE 9 AVE
FORT LAUDERDALE FL 33304
US

Mailing Address

1205 NE 9 AVE
FT LAUDERDALE FL 33304
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2582055

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TRENTACARLINI, LORENZO
1205 NE 9 AVE
FT LAUDERDALE FL 33304

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. 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, 2001 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 P
NAME TRENTACARLINI, LORENZO
STREET ADDRESS 1205 NE 9TH AVE
CITY-ST-ZIP FT LAUDERDALE FL 3304 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T
NAME TRENTACARLINI, ALOISIA
STREET ADDRESS 1205 NE 9 AVE
CITY-ST-ZIP FT LAUDERDALE FL 33304 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VP
NAME TRENTACARLINI, LAURA
STREET ADDRESS 1205 NE 9 AVE
CITY-ST-ZIP FT LAUDERDALE FL 33304 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VP
NAME TRENTACARLINI, LORENZA
STREET ADDRESS 1205 NE 9 AVE
CITY-ST-ZIP FT LAUDERDALE FL 33304 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE C
NAME TRENTACARLINI, ROBERT
STREET ADDRESS 1205 NE 9TH AVE
CITY-ST-ZIP FT LAUDERDALE FL 33304 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S
NAME GANCITANO, MARY C
STREET ADDRESS 1205 NE 9 AVE
CITY-ST-ZIP FT LAUDERDALE FL 33304 ☐ Delete

TITLE
NAME
STREET ADDRESS
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:

Lorenzo Trentacarlino
LORENZO TRENTACARLINI

4-20-01 954 522-2444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0242925

CR2E034 (10/00)

FILED
Apr 24, 2001 8:00 am
Secretary of State
04-24-2001 90015 017 ***150.00

643683



DO NOT WRITE IN THIS SPACE