

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90055 035 \*\*\*150.00

**FOR PROFIT CORPORATION**

**2002 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** H76826

**1. Entity Name**  
CARLIN FABRICATORS, INC.

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**  
1205 NE 9 Ave.

**3. Mailing Address**  
1205 NE 9 Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**  
Fort Lauderdale, FL

**City & State**  
Fort Lauderdale, FL

**4. FEI Number**  
59-2582055

**Applied For**  
Not Applicable

**Zip**  
33304

**Country**  
USA

**Zip**  
33304

**Country**  
USA

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

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

**Name**  
Trentacarlini, Lorenzo

**Street Address (P.O. Box Number is Not Acceptable)**  
1205 NE 9 Ave.

**City**  
Fort Lauderdale, FL 33304

**City**  
Fort Lauderdale, FL **Zip Code**  
33304

**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)

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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**

**TITLE**  
P  
**NAME**  
Trentacarlini, Lorenzo  
**STREET ADDRESS**  
1205 NE 9 Ave.  
**CITY-ST-ZIP**  
Fort Lauderdale, FL 33304

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
T  
**NAME**  
Trentacarlini, Aloisia  
**STREET ADDRESS**  
1205 NE 9 Ave.  
**CITY-ST-ZIP**  
Ft. Lauderdale, FL 33304

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
VP  
**NAME**  
Trentacarlini, Laura  
**STREET ADDRESS**  
1205 NE 9 Ave.  
**CITY-ST-ZIP**  
Ft. Lauderdale, FL 33304

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
VP  
**NAME**  
Trentacarlini, Lorenza  
**STREET ADDRESS**  
1205 NE 9 Ave.  
**CITY-ST-ZIP**  
Ft. Lauderdale, FL 33304

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
C  
**NAME**  
Trentacarlini, Robert  
**STREET ADDRESS**  
1205 NE 9 Ave.  
**CITY-ST-ZIP**  
Ft. Lauderdale, FL 33304

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
S  
**NAME**  
Gancitano, Mary C.  
**STREET ADDRESS**  
1205 NE 9 Ave.  
**CITY-ST-ZIP**  
Ft. Lauderdale, FL 33304

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**13. I hereby certify that the above information 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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-02 954-522-2444  
Date Daytime Phone #

CR2E034B (12/01)