

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J37043

1. Entity Name

R. CARRINO OF CENTRAL FLORIDA, INC.

FILED
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90035 010 ***150.00

0071007

Principal Place of Business

7705 TURKEY LAKE RD
ORLANDO FL 32819
US

Mailing Address

7705 TURKEY LAKE RD
ORLANDO FL 32819
US

607841

2. Principal Place of Business

7275 SANDLAKE RD

3. Mailing Address

7275 SANDLAKE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

ORLANDO FL

City & State

ORLANDO FL

4. FEI Number

59-2825621

Applied For

Not Applicable

Zip

Country

32819 ORANGE

Zip

Country

32819 ORANGE

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DELSANTER, AMELIA
7705 TURKEY LK RD
ORLANDO FL 32819

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 PD
NAME CARRINO, ANTHONY
STREET ADDRESS 2117 ST. ANDREWS CR
CITY-ST-ZIP ORLANDO FL 32835 ☐ Delete

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

TITLE D
NAME DESLANTER, AMELIA
STREET ADDRESS 8007 WEST MINSTER ABBEY BLVD
CITY-ST-ZIP ORLANDO FL 32835 ☐ Delete

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

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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:

Amelia Deslanter

1.9.01

(407)352-8407

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

attachment
D# J37043
007841

Address
CHANGE AS OF
MAY 2001