

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 18, 2002 8:00 am**  
**Secretary of State**

07-18-2002 90124 026 \*\*\*150.00

**DOCUMENT # K95912**

1. Entity Name  
**CARA ENTERPRISES INC.**

Principal Place of Business 12201 NW 35 ST. BAY 528 CORAL SPRINGS FL 33065 US	Mailing Address 2490 N.W. 94TH AVE 2490 NW 94TH AVENUE CORAL SPRINGS FL 33065 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number **65-0126135**

Applied For
Not Applicable

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

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

**PROFFETTA, CAROL**  
**2490 NE 94TH AVENUE**  
**CORAL SPRINGS FL 33065**

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

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b>
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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	<b>VD</b> <b>PROFFETTA, CAROL</b> <b>2490 NW 94TH AVE</b> <b>CORAL SPRINGS FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>PROFFETTA, ANTHONY</b> <b>2490 N.W. 94TH AVENUE</b> <b>CORAL SPRINGS FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:** SIGNATURE REQUIRED **7/15/02 954-2550002**

CR2E034 (4/02)

Attachment

# K95972

121874

UNITED STATES POSTAL SERVICE

First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

Enter name and address of customer in this box

CAROL PROFFETA  
CARA ENTERPRISES  
2490 NW 94<sup>TH</sup> AVE  
CORAL SPRINGS, FL  
33065

MAILING OFFICE: Postmark if Return Receipt was paid for at time of mailing.



Attach fee as shown in DMM if return receipt was not paid for at time of mailing.

4. Article Number

70020510006309226001

5. Mailing Date

4-23-02

6. Type of Service

COD  Certified  Numbered Insured  Return Receipt for Merchandise  Express Mail  Registered

7. Delivery Office Postmark

8. Delivered to the following individual, company, or organization:

9. Delivery Date

10. Address (Complete only if item 2b is checked)

11. Postal Records Show:

Delivery was made  
 Delivery was not made

12. Clerk's Initials

NO Record

JUL 15 2002

PS Form 3811-A, December 1994

Domestic Return Receipt (After Mailing)

MAILED

Received from Post Office 7/15/02

Attachment  
# K95912  
12/874

7009 2260 0000 0150 2002

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
TALLAHASSEE FL 32302	
OFFICIAL USE	
Postage	\$ 47.50
Certified Fee	\$2.00
Return Receipt Fee (Endorsement Required)	\$1.50
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 47.10
0434 04 Postmark Here	
04/23/2002	
Sent To Division of Corp Rep. Filings	
Street, Apt. No., or PO Box No. P.O. BOX 1500	
City, State, ZIP+4 TALLAHASSEE, FL 32302-1500	

PS Form 3800, January 2001 See Reverse for Instructions

DATE  
MAILED

attachment  
# K95912  
1218747/15/02

To Whom it may concern,  
I mailed my 2002 Uniform  
Business Report on April 23, 2002.

It was sent Certified  
mail-Return Receipt.

Obviously, it never arrived  
in Tallahassee. My check  
number was #4381.

Please see enclosures for  
proof of my original mailing.

Sincerely,

Carol Proffetta

CARA Enterprises

2490 NW 94<sup>th</sup> AVE

Coral Springs, FL 33065

Phone 954-255-0002