

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

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 **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

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. 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)

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 \$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 **VD** ☐ Delete
 NAME **PROFFETTA, CAROL**
 STREET ADDRESS **2490 NW 94TH AVE**
 CITY-ST-ZIP **CORAL SPRINGS FL**

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

TITLE **PD** ☐ Delete
 NAME **PROFFETTA, ANTHONY**
 STREET ADDRESS **2490 N.W. 94TH AVENUE**
 CITY-ST-ZIP **CORAL SPRINGS FL**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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 CITY-ST-ZIP

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

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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/02 954-2550002

CR2E034 (4/02)

Attachment
K95972
121874

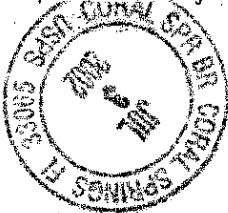
UNITED STATES POSTAL SERVICE

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

• Enter name and address of customer in this box •

CAROL PROFFETTA
CARA ENTERPRISES
2490 NW 94TH 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

70020510000309226001

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

PS Form 3811-A, December 1994

Domestic Return Receipt (After Mailing)

MAILED

Received from Post Office 7/15/02

Attachment
K95912
12/874

7002 0510 0003 0922 6001

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
TALLAHASSEE FL 32302	
OFFICIAL USE	
Postage	\$ 47.50
Certified Fee	\$2.10
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 94th AVE

Coral Springs, FL 33065

Phone 954-255-0002