

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90155 023 ****50.00

DOCUMENT # L00000015809

1. Entity Name

CARO, LLC

Principal Place of Business

17878 N. BAY RD., #303
 SUNNY ISLES BEACH FL 33160

Mailing Address

17878 N. BAY RD., #303
 SUNNY ISLES BEACH FL 33160

2. Principal Place of Business

18206 Collins Ave.

3. Mailing Address

18206 Collins Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SUNNY ISLES

City & State

SUNNY ISLES

4. FEI Number

65-1069188

Applied For

Not Applicable

Zip

33160

Country

FL

Zip

33160

Country

FL

5. Certificate of Status Desired

☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

GABRIEL TARRAB, CARLOS
 17878 N. BAY RD., #303
 SUNNY ISLES BEACH FL 33160

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
 NAME P
 STREET ADDRESS TARRAB, CARLOS
 CITY-ST-ZIP 17878 N. BAY RD., #303
 SUNNY ISLES BEACH FL 33160

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

TITLE ☐ Delete
 NAME MGR
 STREET ADDRESS GEIZER, HERNAN
 CITY-ST-ZIP 17878 N. BAY RD., #303
 SUNNY ISLES BEACH FL 33160

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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 CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

04/10/02

CR2E083 (9/01)