

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 11, 2002 8:00 am**  
**Secretary of State**

09-11-2002 90128 031 \*\*\*\*50.00

**DOCUMENT # L01000007279**

1. Entity Name

**CARMA CREDIT, LLC**

Principal Place of Business

**1340 SOUTH OCEAN BLVD., STE. 509  
 POMPANO BEACH FL 33062**

Mailing Address

**1340 SOUTH OCEAN BLVD., STE. 509  
 POMPANO BEACH FL 33062**

2. Principal Place of Business

*Same*

3. Mailing Address

*Same*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For  
☐ Not Applicable

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

~~WALLACK, MICHAEL M.  
 27 FLETCHER AVE.  
 SARASOTA FL 34237~~

*CANELLA, JACQUELINE  
 1340 S. OCEAN BLVD  
 POMPANO BEACH FL 33062*

Name *Jacqueline Canella*  
 Street Address (P.O. Box Number is Not Acceptable)

*1340 So. Ocean Blvd., Suite 509*  
 City *Pompano Beach* **FL** Zip Code *33062*

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

*Jacqueline Canella*

*Jacqueline Canella, Mgr*

*7/17/02*

(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 September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete  
 NAME **CANELLA, JACQUELINE**  
 STREET ADDRESS **1340 SOUTH OCEAN BLVD., STE. 509**  
 CITY-ST-ZIP **POMPANO BEACH FL 33062**

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

TITLE ☐ Delete  
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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:**

*Jacqueline Canella*

**REQUIRED**

*7/17/02 (954) 646-4577*

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

Date

Daytime Phone #

CR2E083 (4/02)