## 2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with

## Mar 03, 2002 8:00 am Secretary of State L33389 DOCUMENT # 1. Entity Name 03-03-2002 90073 036 \*\*\*150.00 CARHAR CORPORATION Mailing Address Principal Place of Business 8188 WILES ROAD 8188 WILES ROAD CORAL SPRINGS FL 33067-2041 CORAL SPRINGS FL 33067-2041 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0157462 .. Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FLEISHMAN, ALAN Street Address (P.O. Box Number is Not Acceptable) 8188 WILES ROAD **CORAL SPRINGS FL 33433** Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution, Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS .11. ☐ Change ☐ Addition CR2E034 (9/01 TITLE ☐ Delete TITLE FLEISHMAN, ALAN NAME NAME 8188 WILES ROAD STREET ADDRESS STREET ADDRESS **CORAL SPRINGS FL 33067** CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition TITLE TITLE □ Defete NAME FLEISHMAN, MARVIN NAME STREET ADDRESS 8188 WILES ROAD STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS FL 33067 CITY-ST-ZIP □☐ Change ☐ Addition TITLE ☐ Delete· -TITLE -NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7iP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling 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

**FILED**