2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L53603

1. Entity Name

CARIB TERRACE MOTEL, INC.

FILED
Mar 08, 2000 8:00 am
Secretary of State
03-08-2000 90129 025 ***150.00

Principal Place of Business	Mailing Address
% ERNESTO KLUN 552 N. OCEAN BLVD. POMPANO BEACH FL 33062	% ERNESTO KLUN 552 N. OCEAN BLVD. POMPANO BEACH FL 33062-4607

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	Zip / Country

4. FEI Number 65-0176500 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BAKERJIAN, JERRY
1591 E ATLANTIC BLVD., SUITE 200
POMPANO BEACH FL 33060

7. Name and Address of New Registered Agent

Name CARLTON MANAGEMENT
Street Address (P.O. Box Number is Not Acceptable) 1591 E ATLANTIC BVLD., SUITE 200
City POMPANO BEACH FL Zip Code 33060

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] VP 2/25/2000
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 $150.00
After MAY 1, 2000 Fee will be $550.00
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	PTD KLUN, ERNESTO 450 TERRY LN HEATH TX 75087	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD KLUN, NANETTE 450 TERRY LN HEATH TX 75087	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change ☐ Addition

please sign and
print your name
below and mail
back to me for
payment
Thanks,
Annie
(signature)

13. I hereby certify that the information supplied with this ... i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is tru... as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowe... ; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with ...

SIGNATURE: [signature] NANETTE KLUN 02/25/2000 954-941-913
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Owner