

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90064 047 ***150.00

DOCUMENT # L95317

1. Entity Name
CAROLYN TRADING, INC.

Principal Place of Business

1649 NW 36 ST.
 MIAMI FL 33142
 US

Mailing Address

6500 N. POWERLINE ROAD
 FT. LAUDERDALE FL 33309-2024
 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 **65-0230272**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SOROTA, ALAN M.
290 NW 165TH STREET
~~290 N.W. 165TH STREET PH-4-Citilantic~~
MIAMI FL 33169

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 **V** Delete
 NAME **LEVENTHAL, AARON**
 STREET ADDRESS **6500 N. POWERLINE ROAD**
 CITY-ST-ZIP **FORT LAUDERDALE FL**

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

TITLE **S** Delete
 NAME **LEVENTHAL, JERRY**
 STREET ADDRESS **2614 NE 10TH STREET**
 CITY-ST-ZIP **HALLANDALE BCH FL**

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

TITLE **PD** Delete
 NAME **LEVENTHAL, INA**
 STREET ADDRESS **4747 NW 87TH LANE**
 CITY-ST-ZIP **CORAL SPRINGS FL**

TITLE **PSTD** Change Addition
 NAME **Leventhal, Inc**
 STREET ADDRESS **4747 N.W. 87th Lane**
 CITY-ST-ZIP **Coral Springs, FL**

TITLE _____ Delete
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

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
 NAME _____
 STREET ADDRESS _____
 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: *Aaron Leventhal*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00 954-928-0818
 Date Daytime Phone #

00047003



DO NOT WRITE IN THIS SPACE