

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000000486

1. Entity Name
CAROUSIN IN 2000 "L.C."

FILED

00 JAN 10 PM 3:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
6209 OLIVE AVE.
SARASOTA FL 34231

Mailing Address
6209 OLIVE AVE.
SARASOTA FL 34231-7112

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

650891488

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FESKO, NATALIYA
6209 OLIVE AVE.
SARASOTA FL 34231

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM FESKO, NATALIYA
STREET ADDRESS 6209 OLIVE AVE.
CITY- ST- ZIP SARASOTA FL 34231 ☐ Delete

TITLE NAME MGRM KUSTAN, LUBOV
STREET ADDRESS MARTINA RAZUSA Z3A/13
CITY- ST- ZIP MICHALOVACE, SLOVAKIA 70101 ☐ Delete

TITLE NAME MGRM KUSTAN, JOHN
STREET ADDRESS MARTINA RAZUSA Z3A/13
CITY- ST- ZIP MICHALOVACE, SLOVAKIA 70101 ☐ Delete

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

10. ADDITIONS/CHANGES

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

TITLE NAME 400003099554-8 ☐ Change ☐ Addition
STREET ADDRESS -01/14/00--01090--012
CITY- ST- ZIP *****50.00 *****50.00

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

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

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

TITLE NAME ☐ Change ☐ Addition
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:

S. Nataliya Fesko

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

1-5-99

CR2E083 (9/99)