

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000005399

1. Entity Name

CARRIE B. ENTERPRISES, L.C.

FILED

01 AUG -1 AM 8:47

Principal Place of Business

3627 DOUGLAS RD
COCONUT GROVE FL

Mailing Address

3627 DOUGLAS RD
COCONUT GROVE FL

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-111 99-74

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SIMMONS, EVETT L
145 NW CENTRAL PARK PLAZE
STE 200
PORT ST LUCIE FL

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

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

500004513765--5

08/03/01--01032--007

*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGR
STREET ADDRESS RIVERS, BRENDA
CITY-ST-ZIP 3627 DOUGLAS ROAD
COCONUT GROVE FL

☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

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

06/15/01

(305) 448-4999

Date

Daytime Phone #

CR2E083 (11/00)