

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90004 039 ***150.00

DOCUMENT # M08165

1. Entity Name
A.C. CARBONE, C.P.A., P.A.

Principal Place of Business
C/O ANGELO C. CARBONE
1001 W CYPRESS CREEK RD 403
FT LAUDERDALE FL 33309

Mailing Address
C/O ANGELO C. CARBONE
1001 W CYPRESS CREEK RD 403
FT LAUDERDALE FL 33309-1951



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1600 S. FEDERAL HWY.

3. Mailing Address
1600 S. FEDERAL HWY.

Suite, Apt. #, etc.
SUITE # 900

Suite, Apt. #, etc.
SUITE # 900

City & State
POMPANO BEACH, FL

City & State
POMPANO BEACH, FL

4. FEI Number
59-2467767

Applied For
 Not Applicable

Zip
33062

Country
U.S.A.

Zip
33062

Country
U.S.A.

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

CARBONE, ANGELO C.
1001 W CYPRESS CREEK RD 403
FT LAUDERDALE FL 33309

Name
CARBONE, ANGELO C.
 Street Address (P.O. Box Number is Not Acceptable)
1600 S. FEDERAL HWY. SUITE # 900
 City **POMPANO BEACH FL** Zip Code **33062**

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 **X A. C. Carbone**
 Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/10/00
 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	DP CARBONE, ANGELO C. 1001 W CYPRESS CREEK RD FT LAUDERDALE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CARBONE, ANGELO C. 1600 S. FEDERAL HWY. # 900 POMPANO BEACH, FL 33062	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **X A. C. Carbone Pres.**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/00 Date
954-785-1515 Daytime Phone #

CR2E034 (9/99)