

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

05-24-2002 91279 026 \*\*\*150.00

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**DOCUMENT # M08165**  
 1. Entity Name  
**A.C. CARBONE, C.P.A., P.A.**

|  |  |
|--|--|
| Principal Place of Business<br><b>1600 S. FEDERAL HWY<br/>         SUITE 900<br/>         POMPANO BEACH FL 33062</b> | Mailing Address<br><b>1600 S. FEDERAL HWY<br/>         SUITE 900<br/>         POMPANO BEACH FL 33062</b> |
|--|--|



|   |   |
|---|---|
| 2. Principal Place of Business<br><b>3600 W. Commercial Blvd.<br/>         Suite, Apt. #, etc.<br/>         207</b> | 3. Mailing Address<br><b>3600 W. Commercial Blvd.<br/>         Suite, Apt. #, etc.<br/>         207</b> |
| City & State<br><b>Fort Lauderdale, FL.</b>   | City & State<br><b>Fort Lauderdale, FL.</b>   |
| Zip<br><b>33309</b>   | Country<br><b>U.S.</b>  |

DO NOT WRITE IN THIS SPACE

|  |  |
|--|--|
| 4. FEI Number<br><b>59-2467767</b>                           | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

6. Name and Address of Current Registered Agent

**CARBONE, ANGELO C.  
 1600 S. FEDERAL HWY  
 SUITE 900  
 POMPANO BEACH FL 33062**

7. Name and Address of New Registered Agent

|  |
|--|
| Name<br><b>A.C. CARBONE</b>  |
| Street Address (P.O. Box Number is Not Acceptable)<br><b>3600 W. Commercial Blvd.<br/>         # 207</b> |
| City<br><b>Fort Lauderdale</b>   |
| State<br><b>FL</b>   |
| Zip Code<br><b>33309</b>   |

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 *A.C. Carbone* DATE 4/30/02

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, 2002 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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>CARBONE, ANGELO C.<br>3600 W. COMMERCIAL BLVD. #207<br>FORT LAUDERDALE, FL. 33309 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>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: *Angelo C. Carbone* DATE: 4/30/02 (954) 733-4347

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)