2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000000642

1. Entity Name

CARRFOUR CORPORATION

Principal Place of Business	Mailing Address
200 SE FIRST ST. STE 704 MIAMI FL 33131 US	200 SE FIRST ST. STE 704 MIAMI FL 33131-1909 US
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State	City & State	4. FEI Number **65-0387766**	Applied For
			Not Applicable
Zip	Country	Zip	Country	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
	Name
MARIA S. PELLERIN 200 SE FIRST STREET STE 704 MIAMI FL 33131	Street Address (P.O. Box Number is Not Acceptable) City

1000003265791---7
-05/24/00--01098--002
****383.75 ****61.25
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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 4/28/00

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	Make Check Payable to Department of State

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	☑ Delete	TITLE	PD	☐ Change ☑ Addition
NAME	ROSINEK, JEFFREY		NAME	ED Bell	
STREET ADDRESS	1351 NW 12 ST. ROOM 445		STREET ADDRESS	1773 NW 79th AVE	
CITY-ST-ZIP	MIAMI FL 33131		CITY-ST-ZIP	MIAMI, FL 33126	
TITLE	VD	☑ Delete	TITLE	VD	☐ Change ☑ Addition
NAME	BELL, ED		NAME	FRED JACKSON	
STREET ADDRESS	1500 SAN REMO AVE.		STREET ADDRESS	1 ALHAMBRA PLAZA	
CITY-ST-ZIP	MIAMI FL 33146		CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	TD	☑ Delete	TITLE	TD	☐ Change ☑ Addition
NAME	DANNER, STEPHEN		NAME	JERRY BROOKS	
STREET ADDRESS	1101 BRICKELL AVE STE 1402		STREET ADDRESS	506 PERUGIA AVE	
CITY-ST-ZIP	MIAMI FL 33131		CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	VD	☑ Delete	TITLE	SD	☐ Change ☑ Addition
NAME	ROSINEK, JEFF		NAME	MSGR. FRANKLYN CASALE	
STREET ADDRESS	1351 NW 12 ST., RM 307		STREET ADDRESS	16400 NW 32ND AVE	
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP	MIAMI, FL 33054	
TITLE	MD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	PELLERIN, MARIA S		NAME		
STREET ADDRESS	100 SE SECOND ST., STE 1220		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP		
TITLE	ED	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	PELLERIN, SUAREZ MARIA		NAME		
STREET ADDRESS	100 SE 2 ST STE 1220		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP		

CR2E037 (9/99)

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12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/28/00

Daytime Phone # 305-371-8300