

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 10, 2001 8:00 am**  
**Secretary of State**

01-10-2001 90053 001 \*\*\*350.00

21559



DO NOT WRITE IN THIS SPACE

**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  
 US

2. Principal Place of Business 3. Mailing Address

**155 SOUTH MIAMI AVENUE** **SAME AS**

Suite, Apt. #, etc. Suite, Apt. #, etc.  
**SUITE 1150** **THE CHANGE**

City & State City & State

**MIAMI FLORIDA**

Zip Country Zip Country

**33131 MIAMI DADE**

4. FEI Number 65-0387766 Applied For Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MARIA S. PELLERIN**  
**200 SE FIRST STREET / 155 SOUTH MIAMI AVENUE**  
**STE 704 / SUITE 1150**  
**MIAMI FL 33131 / MIAMI FLORIDA 33131**

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]* DATE **JAN 3, 01**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	PD BELL, ED 1773 NW 79TH AVE MIAMI FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JACKSON, FRED 1 ALHAMBRA PLAZA CORAL GABLES FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BROOKS, JERRY 506 DERUGIA AVE CORAL GABLES FL 33134 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GONZALO DE RAMON 701 BRICKER AVENUE MIAMI FL 33131 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CASALE, FRANKLYN MSGR 16400 NW 32ND AVE MIAMI FL 33054 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD PELLERIN, MARIA S 100 SE SECOND ST., STE 1220 MIAMI FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED MARIA PELLERIN 155 SOUTH MIAMI AVENUE STE 1150 MIAMI FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED PELLERIN, SUAREZ MARIA 100 SE 2 ST STE 1220 MIAMI FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: **JAN 3, 01** 305-371-8308

CR2E037 (10/00)