

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State
 05-16-2002 90022 002 ****70.00

DOCUMENT # N93000000642

1. Entity Name

CARRFOUR CORPORATION

Principal Place of Business

Mailing Address

**155 SOUTH MIAMI AVENUE
 SUITE 1150
 MIAMI FL 33131
 US**

**155 SOUTH MIAMI AVENUE
 SUITE 1150
 MIAMI FL 33131
 US**

B0103899



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

**PELLERIN, MARIA S
 155 SOUTH MIAMI AVENUE
 SUITE 1150
 MIAMI FL 33131**

Name
MARIA PELLERIN-BARCUS

Street Address (P.O. Box Number is Not Acceptable)

155 SOUTH MIAMI AVENUE

SUITE 1150

City
MIAMI

FL

Zip Code

33131

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 \$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** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**CD
 FREDERICK JACKSON
 1 ALHAMBRA PLAZA, 8TH FLOOR
 CORAL GABLES, FL 33134** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VD
 JACKSON, FRED
 1 ALHAMBRA PLAZA
 CORAL GABLES FL 33134** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VD
 LINDA S. QUICK
 6363 TART STREET STE 200
 HOLLYWOOD FL 33024** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**TD
 DE RAMON, GONZALO
 701 BRICKELL AV
 MIAMI FL 33131** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**SD
 CASALE, FRANKLYN MSGR
 16400 NW 32ND AVE
 MIAMI FL 33054** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**ED
 PELLERIN, MARIA
 155 S MIAMI AV STE 1150
 MIAMI FL** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**P
 MARIA PELLERIN-BARCUS
 155 S MIAMI AVE STE 1150
 MIAMI FL 33131** ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ 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 REQUIRED

4-24-02

(305) 371-8300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)