

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**  
 04-22-2002 90215 021 \*\*\*\*61.25

**DOCUMENT # N96000001432**

1. Entity Name

**CARTER ERUV, INC.**

Principal Place of Business

**16189 JOG ROAD  
 DELRAY BEACH FL 33446**

Mailing Address

**16189 JOG ROAD  
 DELRAY BEACH FL 33446**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

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

**WALDENBERG, PHILIP  
 16189 JOG ROAD  
 DELRAY BEACH FL 33446**

Name

**DR. BARRY MITTELMAN**

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

**268 BURGANDY F**

City

**DELRAY BEACH**

**FL**

Zip Code  
**33484**

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	DS ROBICK, EDWARD	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1149 HILLSBORO MILE	
CITY-ST-ZIP	HILLSBORO BEACH FL	
TITLE NAME	DP WALDENBERG, PHILIP	<input type="checkbox"/> Delete
STREET ADDRESS	629 PLANDERS NORTH	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE NAME	DVP SURICK, MORRIS	<input type="checkbox"/> Delete
STREET ADDRESS	503 FLANDERS A	
CITY-ST-ZIP	DELRAY BCH FL 33484	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	DP WALDENBERG, PHILIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	629 FLANDERS N	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	P MITTELMAN, BARRY DR.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	268 BURGANDY F	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)