

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

2/2

FILED
Mar 24, 2003 8:00 am
Secretary of State

02-21-2003 90157 037 ****61.25

DOCUMENT # N96000001432

1. Entity Name

CARTER ERUV, INC.



Principal Place of Business

6189 JOG ROAD
DELRAY BEACH FL 33448

Mailing Address

16189 JOG ROAD
DELRAY BEACH FL 33448

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

MITTELMAN, BARRY
268 BURGANDY F
DELRAY BEACH FL 33484

7. Name and Address of New Registered Agent
Name **NORMAN MARTIN**

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

180 SEVILLE H

City **DELRAY BEACH**

FL

Zip Code **33446**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **NORMAN MARTIN, PRESIDENT**

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when resigning)

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	WALDENBERG, PHILIP	☐ Delete
NAME	629 FLANDERS NORTH	
STREET ADDRESS	DELRAY BEACH FL 33484	
CITY-ST-ZIP		
TITLE	SURICK, MORRIS	☐ Delete
NAME	503 FLANDERS A	
STREET ADDRESS	DELRAY BCH FL 33484	
CITY-ST-ZIP		
TITLE	MITTELMAN, BARRY	☒ Delete
NAME	268 BURGANDY F	
STREET ADDRESS	DELRAY BEACH FL 33484	
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	NORMAN MARTIN	
STREET ADDRESS	180 SEVILLE H	
CITY-ST-ZIP	DELRAY BEACH FL 33446	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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: **NORMAN MARTIN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2007 (10/02)