

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2002 8:00 am
Secretary of State

03-15-2002 90008 033 ****61.25

DOCUMENT # N99000005666

1. Entity Name

CRANDON CAROUSEL & AMUSEMENT ORGANIZATION, INC.

Principal Place of Business

**5421 S.W. 63RD CT.
 MIAMI FL 33155**

Mailing Address

**5421 S.W. 63RD CT.
 MIAMI FL 33155**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

62-1804599

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**CLYATT, ANN MARIE
 5421 S.W. 63RD CT.
 MIAMI FL 33155**

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, 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

TITLE **PD** ☐ Delete
 NAME **CLYATT, ANN MARIE**
 STREET ADDRESS **5421 S.W. 63RD CT.**
 CITY-ST-ZIP **MIAMI FL 33155**

TITLE **VD** ☐ Delete
 NAME **BENDA, GAILEN**
 STREET ADDRESS **16150 S.W. 173RD AVE.**
 CITY-ST-ZIP **MIAMI FL 33173**

TITLE **TD** ☐ Delete
 NAME **WOOD, WENDY**
 STREET ADDRESS **275 HAMPTON LN.**
 CITY-ST-ZIP **KEY BISCAINE FL 33149**

TITLE **SD** ☐ Delete
 NAME **BENDA, PATRICIA**
 STREET ADDRESS **16150 S.W. 173RD AVE.**
 CITY-ST-ZIP **MIAMI FL 33173**

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 **VD** ☒ Change ☐ Addition
 NAME **MAHLER, DAVID**
 STREET ADDRESS **1533 K. SOUTH LIBERTY AVENUE**
 CITY-ST-ZIP **HOMESTEAD, FL. 33034-2624**

TITLE **TD** ☒ Change ☐ Addition
 NAME **RICHARDSON, LISA**
 STREET ADDRESS **708 MINORCA AVENUE**
 CITY-ST-ZIP **CORAL GABLES, FL. 33134**

TITLE **SD** ☒ Change ☐ Addition
 NAME **KIRZNER, CATHERINE**
 STREET ADDRESS **9333 SW 136 STREET**
 CITY-ST-ZIP **MIAMI, FL. 33176**

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:

Ann Marie Clyatt
SIGNATURE REQUIRED ANN MARIE CLYATT

3-3-2002

305-6652890

CR2E037 (9/01)