2003 FOR PROFIT CORPORATION NIFORM BUSINESS REPORT (UBR)

FILED May 05, 2003 8:00 am Secretary of State 05-05-2003 91767 029 ***158.75

	
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CARLUC	CI'S ITALIA	N MARKET, INC.					1707 029 138.	
Principal Place 7682 WILES F PARKLAND FI			Mailing Address					
2. Principal F	Place of Busine	7. Hills 1000 191.	Mailing Address Suite, Apt. #, etc.	Wiles K.		CHECK HERE II	F MAKING CHANGES	
Diy & State	LAND		City & State / Sp.	eigs fl	4.	65-1038090	<i>/</i> ⊢+-	pplied For ot Applicable
330	67	Souptry S. A.	33067	Couptry S. F		. Certificate of Status Desired	\$8.75 Ad Fee Require	lditional ed
	6. Name a	ind Address of Current F	Registered Agent*	Noma	7.	. Name and Address of New Re	gistered Agent	
TROIA, AL	IDDEV M			Name		,		
7682 WILI				Street Ad	ldress (P.O.	. Box Number is Not Acceptable)		
ł .	es road PRINGS FL 3	20E7						
COOLINE OF	INNOSTES	O007						
	, ,			City			FL Zip Cod	de
8. The above	named entity	submits this statement for	the purpose of changing its	registered office or r	registered a	agent, or both, in the State of Flor	ida, I am familiar with,	, and accept
آ .	tions of registe	red agent.	1 111/	•		1 11	11/103	
SIGNATURE	Signature typed of	printed name of egistered agent ar	du Marianta Maria	E: Registered Agent signature	a manifest when		DATE	
<u> </u>			To the applicable.	C. Hegistered Agent signature	o required wiles	HI Jan 1867 HAD		
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Afte	r May 1, 2003	FEE IS \$150.00 Fee will be \$550.00 /				9. Election Campaign Fina Trust Fund Contribution		00 May Be
Afte Make Chec	r May 1, 2003	Fee will be \$550.00 / Florida Department of	1			Trust Fund Contribution.	. 🗀 Adde	d to Fees
Afte Make Chec	r May 1, 2003 k Payable to	Fee will be \$550.00 /	DIRECTORS	11.			CERS AND DIRECTOR	d to Fees
Afte Make Chec	r May 1, 2003 k Payable to PD	Fee will be \$550.00 / Florida Department of OFFICERS AND D	1	TITLE	A	Trust Fund Contribution.	. 🗀 Adde	d to Fees
Afte Make Chec	r May 1, 2003 k Payable to	Fee will be \$550.00 / Florida Department of OFFICERS AND D	DIRECTORS	-₽	Ā	Trust Fund Contribution.	CERS AND DIRECTOR	d to Fees
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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 607, 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP