

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90014 034 ***150.00

DOCUMENT# P00000044976

1. Entity Name

CAROUSEL INNOVATIVE TECHNOLOGIES CORP

DO NOT WRITE IN THIS SPACE

824512

2. Principal Place of Business

1000 N. HIATUS RD

Suite, Apt. #, etc.

110

3. Mailing Address

P.O. Box 840009

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PEMBROKE PINES, FL.

City & State

HOLLYWOOD, FL.

4. FEI Number

05-1016122

Applied For

Not Applicable

Zip

33026

Country

USA

Zip

33084

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

HOWARD FRANK

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

1000 N. HIATUS RD.

Suite 110

City

Pembroke Pines

FL

Zip Code

33084

**DO NOT WRITE
IN THIS SPACE**

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PSTD
FRANK, HOWARD
1000 N. HIATUS RD. # 110
Pembroke Pines, FL. 33026

TITLE
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13. 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 11 or on an attachment with an address, with all other like employees.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/02 954-791-2740

Date

Daytime Phone #

CR2E034B (12/01)