

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 91388 033 ***150.00

DOCUMENT # P00000050475

1. Entity Name

CARA'S TRANSPORTATION, INC.

Principal Place of Business

**1681 SOUTH KIRKMAN ROAD
 SUITE 347
 ORLANDO FL 32811**

Mailing Address

**1681 SOUTH KIRKMAN ROAD
 SUITE 347
 ORLANDO FL 32811**

2. Principal Place of Business

3361 S. KIRKMAN RD.

3. Mailing Address

P.O. Box 1126

Suite, Apt., etc.

821

Suite, Apt., etc.

1126

City & State

ORLANDO, FL

City & State

WINDERMERE, FL

Zip

32811

Country

U.S.A.

Zip

34786-1126

Country

U.S.A.

4. FEI Number

59-3647811

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

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

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

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 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 **PD** ☐ Delete
 NAME **CARA, MUKESH**
 STREET ADDRESS **1681 SOUTH KIRKMAN ROAD**
 CITY-ST-ZIP **ORLANDO FL 32811**

TITLE **VSTD** ☐ Delete
 NAME **CARA, VEENA**
 STREET ADDRESS **1681 SOUTH KIRKMAN ROAD**
 CITY-ST-ZIP **ORLANDO FL 32811**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☐ Addition
 NAME **CARA MUKESH**
 STREET ADDRESS **3361 S. KIRKMAN RD # 821**
 CITY-ST-ZIP **ORLANDO, FL 32811**

TITLE **VSTD** ☒ Change ☐ Addition
 NAME **CARA, VEENA**
 STREET ADDRESS **3361 S. KIRKMAN RD # 821**
 CITY-ST-ZIP **ORLANDO, FL 32811**

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MUKESH CARA
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)