

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2001 8:00 am
Secretary of State
 04-16-2001 90242 049 ***150.00

0077039

DOCUMENT # P00000050858

1. Entity Name
CARA MARIA ENTERPRISES, INC.

Principal Place of Business
**874 N. MIRAMAR AVE.
 INDIALANTIC FL 32903**

Mailing Address
**874 N. MIRAMAR AVE.
 INDIALANTIC FL 32903**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
596 Veracruz Blvd.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State
Indialantic Florida

4. FEI Number
593647253

Applied For
 Not Applicable

Zip Country

Zip Country
32903 U.S.A.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MAZZELLA, MELINDA
 874 N. MIRAMAR AVE.
 INDIALANTIC FL 32903**

Name
 Street Address (P.O. Box Number is Not Acceptable)
596 Veracruz Blvd.
 City **Indialantic** **FL** Zip Code **32903**

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 **Melinda Mazzella**
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/16/01
 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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | | | |
|--|---|---------------------------------|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MAZZELLA, MELINDA 596 VERACRUZ BLVD. INDIALANTIC FL 32903 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MAZZELLA, GUISEPPE 596 VERACRUZ BLVD. INDIALANTIC FL 32903 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Melinda Mazzella**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/01
 Date

Daytime Phone #

CR2E034 (10/00)