**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Jan 16, 2002 8:00 am Secretary of State DOCUMENT # P00000050858 1. Entity Name CARA MARIA ENTERPRISES, INC. 01-16-2002 90044 023 \*\*\*150.00 Principal Place of Business Mailing Address 874 N. MIRAMAR AVE. 596 VERACRUZ BLVD o volk ! INDIALANTIC FL 32903 INDIALANTIC FL 32903 2. Principal Place of Business Mailing Address 65 Oceanview Lane Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Florida 59-3647253 Indialante Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MAZZELLA, MELINDA Street Address (P.O. Box Number is Not Acceptable) 596 VERA CRUZ BLVD ocean View INDIALANTIC FL 32903 Zip Code ndidan tic 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 (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CR2E034 (9/01) TITLE ☐ Delete Change ☐ Addition NAME MAZZELLA, MELINDA NAME 165 oceanview Lane STREET ADDRESS 596 VERACRUZ BLVD. STREET ADDRESS Indialontic, Fla. 32903 CITY-ST-ZIP v INDIALANTIC FL 32903 CITY-ST-ZIP TITEERS ASSE ☐ Delete TITLE D3 6 500 Change Addition 165 Oceanview Lane Indialantic, Florida 32903 MAZZELLA, GUISEPPE NAME STREET ADDRESS STREET ADDRESS 596 VERACRUZ BLVD. CITY-ST-ZIP CITY-ST-ZIP INDIALANTIC FL 32903 TITLE ☐ Delete TITI £ ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY,-ST-ZIP CITY-ST-ZIP STITLEY TO BEST YES D' Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of this report or suppliemental 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

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Date

Daytime Phone #