

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2002 8:00 am
Secretary of State

0175003 AV

DOCUMENT # P00000051717

1. Entity Name

CAREFREE RENOVATIONS, INC.

03-04-2002 90006 045 ***150.00

Principal Place of Business

Mailing Address

4350 N.W. 19TH AVE., SUITE D
POMPANO BEACH FL 33064

4350 N.W. 19TH AVE., SUITE D
POMPANO BEACH FL 33064



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

825 SE 7 Ave

825 SE. 7 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Delray Bch FL

City & State

Delray Bch FL

Zip

33483

Country

Palm Bch

Zip

33483

Country

USA

4. FEI Number

65-1011776

Applied For

Not Applicable

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

BUENO, HUGO

825 SE 7TH AVE.

DELRAY BEACH FL 33487

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]

HUGO BUENO pres.

2/8/02

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME BUENO, HUGO
STREET ADDRESS 4350 N.W. 19TH AVE., SUITE-D
CITY-ST-ZIP POMPAHO BEACH FL 33064 ☒ Delete

TITLE PRESIDENT
NAME HUGO BUENO
STREET ADDRESS 825 SE 7 Ave
CITY-ST-ZIP Delray Bch, FL 33483 ☒ Change ☐ Addition

TITLE ST
NAME BUENO, SARA
STREET ADDRESS 4350 N.W. 19TH AVE., SUITE-D
CITY-ST-ZIP POMPAHO BEACH FL 33064 ☒ Delete

TITLE VICE PRESIDENT
NAME SARA BUENO
STREET ADDRESS 825 SE 7 Ave
CITY-ST-ZIP Delray Bch, FL 33483 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/02 954-2822147

Date

Daytime Phone #

CR2E034 (9/01)