

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000053149**

1. Entity Name

CA.RO.SUE, INC.

05-02-2001 90149 049 ***150.00

P00000053149

FILED**01 JUN 13 PM 3:33****SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		See attached	Not Applicable
City & State		City & State			
Zip	Country	Zip	Country	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****CAPPIELLO, MICHAEL R
3782 DAVINIC CIRCLE
WEST PALM BEACH FL 33417**

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, 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	PD	TITLE	
NAME	CAPPIELLO, MICHAEL R	NAME	
STREET ADDRESS	3782 DAVINIC CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	CITY-ST-ZIP	
TITLE	TD	TITLE	
NAME	SCHLENER, SUSAN	NAME	
STREET ADDRESS	85 ELGIN RD.	STREET ADDRESS	
CITY-ST-ZIP	POCASSET MA 02559	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	CAPPIELLO, ROBERT	NAME	
STREET ADDRESS	P.O. BOX 6296	STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL 33446	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	COTURE, CAROL	NAME	
STREET ADDRESS	16 WABANKI	STREET ADDRESS	
CITY-ST-ZIP	ANDOVER MA 01810	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

202

Michael R. Cappiello

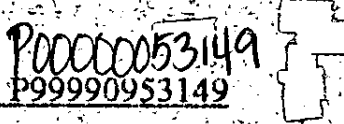
*Attorney at Law
Tax Consultant - Estate Planning*

566 Commonwealth Avenue, Suite 1202, Boston, Massachusetts 02215
617-262-0808

June 7, 2001

Certified Mail - Ret. Rec. Req.
Florida Department of State
Annual Reports Section
P.O. Box 6327
Tallahassee, FL 32314

Reference Number: P99990953149



Dear Sir or Madam:

This letter is in response to your letter dated May 14, 2001 (copy attached).
The information you requested in paragraph two relating to (Block 4) is stated
below:

EIN #: 65-1020064 for CA-RO-SUE, Inc.

If you need any additional information please do not hesitate to call.

Very truly yours,

Michael R. Cappiello (Signature)

Michael R. Cappiello

Residence:

3782 Davinci Circle, West Palm Beach, Florida 33417
561-688-1040