2001 UNIFORM BUSINESS REPORT (UBR)

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

DOCUMENT # P00000053149

1. Entity Name
CA.RO.SUE, INC.

Principal Place of Business	Mailing Address
3782 DAVINIC CIRCLE WEST PALM BEACH FL 33417	3782 DAVINIC CIRCLE WEST PALM BEACH FL 33417

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number See attached ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CAPPIELLO, MICHAEL R
3782 DAVINIC CIRCLE
WEST PALM BEACH FL 33417

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, 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	PD CAPPIELLO, MICHAEL R 3782 DAVINIC CIRCLE WEST PALM BEACH FL 33417	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SCHLENER, SUSAN 85 ELGIN RD. POCASSET MA 02559	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CAPPIELLO, ROBERT P.O. BOX 6296 LAKE WORTH FL 33446	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition LS
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COTURE, CAROL 16 WABANKI ANDOVER MA 01810	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/00)

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: Michael R Cappiello 4/18/01
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

P00000053149

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

Michael R. Cappiello

Residence:
3782 DaVinci Circle, West Palm Beach, Florida 33417
561-688-1040