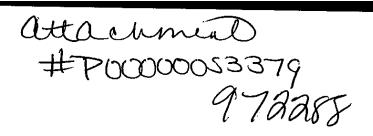
## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Aug 04, 2002 8:00 am Secretary of State DOCUMENT # P00000053379 1. Entity Name 1: 08-04-2002 90165 013 \*\*\*150.00 CARAVETTA DESIGN OF MIAMI, INC. Principal Place of Business Mailing Address 972288 5353 SOUTHWEST 60TH PLACE 5353 SOUTHWEST 60TH PLACE MIAMI FL 33155 **MIAMI FL 33155** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1021558 Not Applicable Zip Country 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 SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 City 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. I am familiar with, and accept the obligations of registered agent. 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 FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing Tax filing requirement and elects to do so. . \$5.00 May Be After September 13, 2002 Fee will be \$750,00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE CR2E034 (4/02) ☐ Change Addition CARAVETTA, FRED J NAME STREET ADDRESS 5353 SOUTHWEST 60TH PLACE STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33155** CITY-ST-ZIP TITLE VSTD ☐ Delete TITLE ☐ Change Addition CARAVETTA, STEPHANIE NAME STREET ADDRESS 5353 SOUTHWEST 60TH PLACE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33155 CITY-ST-ZIP TITLE ☐ Delete TITLE - . - - -□ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ 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 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.

**FILED** 

SIGNATURE: ' Date Daytime Phone #



July 30, 2002

÷.

Caravetta Design of Miami 5353 SW 60th Place Miami, FL. 33155-6225

Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, FL 32302-1500

Re: Corporate Annual Tax

Gentlemen:

I just received a bill stating second notice and payment of \$550.00 requested. I never received the first statement.

I called Tallahassee to see what went wrong. The agent Laura told me to write this letter and sent a check for the normal \$150.00.

Enclosed is a check for the corporate taxes for Caravetta Design of Miami, FEI-number 65-1021558.—Thank-you-for your-help.—

Sincerely,

Stephanie Caravetta

Vice President