

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2003 8:00 am
Secretary of State

02-21-2003 90218 050 ***150.00

DOCUMENT # P00000058015

1. Entity Name
CAREFREE LIFESTYLES INC.



Principal Place of Business
**227 1ST STREET
SUITE 2
N. MIAMI BEACH FL 33139**

Mailing Address
**227 1ST STREET
SUITE 2
N. MIAMI BEACH FL 33139**

2. Principal Place of Business

1301 Alton Road

Suite, Apt. #, etc.

3. Mailing Address

1301 Alton Road

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Miami Beach FL 33139

City & State
Miami Beach FL 33139

4. FEI Number
65-1071416

Applied For
☐ Not Applicable

Zip
33139

Country
USA

Zip
33139

Country
USA

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

6. Name and Address of Current Registered Agent:

**MAROTTA, GARY
227 1ST STREET
SUITE 2
N. MIAMI BEACH FL 33139**

Name

Street Address (P.O. Box Number is Not Acceptable)

1301 Alton Road

City
Miami Beach

State
FL

Zip Code
33139

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
MAROTTA, GARY
227 1ST STREET
N. MIAMI BEACH FL 33139**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
MAROTTA, ANTHONY
227 1ST STREET
N. MIAMI BEACH FL 33139**

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**1301 Alton Road
Miami Beach FL 33139**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**1301 Alton Road
Miami Beach FL 33139**

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CITY-ST-ZIP

☐ Change ☐ Addition

12. 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 10 or Block 11 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

2/28/03

Date

305 534-3531

Daytime Phone #

CR2E034 (10/02)