

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000063512

1. Entity Name
CAROLINA & NANCY, INC.

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90030 027 ***150.00

Principal Place of Business

**64 S. FEDERAL HWY
BOCA RATON FL 33432**

Mailing Address

**64 S. FEDERAL HWY
BOCA RATON FL 33432**

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

65-1022601

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

**FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE FL 33311-4132**

Name

Joseph F. Papa, Esquire

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

1500 North Federal Highway, Suite 107

City Boca Raton

FL

Zip **33432**

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

Joseph F. Papa

Joseph F. Papa

January 10, 2001

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	D	<input type="checkbox"/> Delete
NAME	SWIGERT, K. CAROLINA	
STREET ADDRESS	64 S. FEDERAL HWY	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	D	<input type="checkbox"/> Delete
NAME	DOMINQUEZ, NANCY	
STREET ADDRESS	64 S. FEDERAL HWY	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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

Nancy Dominguez

01/10/01

Date

5613470911

Daytime Phone #

CR2E034 (10/00)