

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90078 019 ***158.75

DOCUMENT # P00000076034

1. Entity Name

JOHNNY CARL SERVICES, CORP.

Principal Place of Business

Mailing Address

**549 S.W. 114TH AVENUE
MIAMI FL 33174**

**549 S.W. 114TH AVENUE
MIAMI FL 33174**

2. Principal Place of Business

3. Mailing Address

13931 CORRINE KEY PLACE

13931 CORRINE KEY PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 1

SUITE 1

City & State

City & State

ORLANDO, FL 32

ORLANDO, FL

Zip

Country

Zip

Country

32824

USA.

32824

USA.



DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

65-1030861

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

**VARGAS, JOHN V
549 S.W. 114TH AVENUE
MIAMI FL 33174**

Name **VARGAS, JOHN V.**

Street Address (P.O. Box Number is Not Acceptable)
13931 CORRINE KEY PLACE

SUITE 1

City **ORLANDO**

FL

Zip Code **32824**

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)

02-09-2001

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 **PSD** ☐ Delete
NAME **VARGAS, JOHN V**
STREET ADDRESS **549 S.W. 114TH AVENUE**
CITY-ST-ZIP **MIAMI FL 33174**

TITLE ☒ Change ☐ Addition
NAME **13931 CORRINE KEY PLACE**
STREET ADDRESS **SUITE 1**
CITY-ST-ZIP **ORLANDO, FL 32824**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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

02-09-2001

Date

407-857-5130

Daytime Phone #

CR2E034 (10/00)