

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000112649

1. Entity Name

CARAVELLE PROPERTIES, INC.

FILED

Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90066 005 ***150.00

Principal Place of Business

165 E PLAMETTO PARK RD
BOCA RATON FL 33432

Mailing Address

165 E PLAMETTO PARK RD
BOCA RATON FL 33432

2. Principal Place of Business

3. Mailing Address

10117 W. OAKLAND PARK BLVD

10117 W. Oakland Park Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sunrise, Florida

City & State

Sunrise, Florida

4. FEI Number

65-1061180

Applied For

Not Applicable

Zip

33351

Country

Broward

Zip

33351

Country

Broward

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

CARMAN, DEBORAH A
165 E PLAMETTO PARK RD
BOCA RATON FL 33432

Name

DONALD WOODRUFF

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

22660 Caravelle Circle

City

Boca Raton, Fla

FL

Zip Code

33433

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

D
WOODRUFF, DONALD
22660 CARAVELLE CIR
BOCA RATON FL 33433

☐ Delete

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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

DONALD WOODRUFF

Date

4/12/01

Daytime Phone #

954-748-1808

CR2E034 (10/00)