

FILED
Apr 09, 2002 8:00 am
Secretary of State

03-07-2002 90009 032 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000022013

1. Entity Name
DAN CARR, INC.

Principal Place of Business
**9925 N.W. 41ST COURT
 SUNRISE FL 33351**

Mailing Address
**9925 N.W. 41ST COURT
 SUNRISE FL 33351**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
14705-15 NW 22nd Ct
 Suite, Apt. #, etc.
DPO LOCKA
 City & State
FLORIDA
 Zip
33054 Country
DADE

3. Mailing Address
9925 NW 41st Court
 Suite, Apt. #, etc.
SUNRISE
 City & State
FLORIDA
 Zip
33351 Country
BROWARD

4. FEI Number
65-1147914 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

**KULLMAN, JARED J
 1910 S. STATE ROAD 7
 MIRAMAR FL 33023**

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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.

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, 2002 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	<input type="checkbox"/> Delete
	D MORGAN, CARNEL	9925 N.W. 41ST COURT	SUNRISE FL 33351	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

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: **X Carnel Morgan**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 - 28 - 02 305 953 7038
 Date Daytime Phone #

CH2E034 (9/01)