

FILED
Aug 29, 2002 8:00 am
Secretary of State

07-02-2002 90806 037 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **PO1000069310**

1. Entity Name

CINDY CARRIER, CORP

DO NOT WRITE IN THIS SPACE

98620

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

311734759

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Jorge J. Lopez

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

5800 BARNES RD #9

City

JACKSONVILLE

FL

Zip Code

32216

DO NOT WRITE IN THIS SPACE

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 reappointing)

DATE

6/27/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$81.25
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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	Pres. Jorge Lopez 5800 Barnes Rd #9
TITLE NAME STREET ADDRESS CITY - ST - ZIP	JACKSONVILLE, FL 32216
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DO NOT WRITE IN THIS SPACE

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 reports 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 on an attachment with an address, with all other like empowered.

SIGNATURE

Signature and typed or printed name of signing officer or director

DATE

Daytime Phone #

6/27/02

CRZE034B (12/01)

Attachment



98020

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

May 8, 2002

CINDY CARRIER, CORP.
549 NIGHTINGALE ROAD
JACKSONVILLE, FL 32216

NEW ADDRESS

5800 BARRIS RD #9
JACKSONVILLE, FL
32216

SUBJECT: CINDY CARRIER, CORP.
Ref. Number: P0T009069310

118864

Upon receipt of your letter and/or check(s) totaling \$150.00, no document was found. Please send your document with any fees due to:

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

Due to the volume of mail received in this office both the annual report/uniform business report and the filing fee must be received by our office together in order to be processed.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Barbara Mitchell
Document Specialist

Letter Number: 302A00029059

* DID NOT RECEIVE MY RENEWAL FORM. WAS OUT OF TOWN JUST RECEIVED THIS LETTER.

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314