

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


5/8/

FILED
Jun 23, 2003 8:00 am
Secretary of State

05-08-2003 90168 014 ***150.00

DOCUMENT # P02000081463 *(L)*

1. Entity Name
CAROLINA INVESTMENTS CORP.



Principal Place of Business
2535 N HIATUS ROAD
COOPER CITY FL 33026

Mailing Address
2535 N HIATUS ROAD
COOPER CITY FL 33026

55049355



2. Principal Place of Business
931 NW 122 TERR.

3. Mailing Address
931 NW 122 TERR.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Pembroke Pines, FL

City & State
Pembroke Pines, FL

Zip 33026 **Country** USA

Zip 33026 **Country** USA

4. FEI Number
61-1420685

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

DE MAYOLO, ADRIANA A
2535 N HIATUS ROAD
COOPER CITY FL 33026

7. Name and Address of New Registered Agent

Name ADRIANA A. DE MAYOLO

Street Address (P.O. Box Number is Not Acceptable)
931 NW 122 TERR.

City Pembroke Pines **FL** **Zip Code** 33026

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ **DATE:** _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE DPS NAME BUSH, PAMELA A STREET ADDRESS 2535 N HIATUS ROAD CITY-ST-ZIP COOPER CITY FL 33026	<input type="checkbox"/> Delete
TITLE DVT NAME DE MAYOLO, ADRIANA A STREET ADDRESS 2535 N HIATUS ROAD CITY-ST-ZIP COOPER CITY FL 33026	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPS NAME PAMELA A. BUSH STREET ADDRESS 931 NW 122 TERR CITY-ST-ZIP Pembroke Pines, FL 33026	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DVT NAME ADRIANA A DE MAYOLO STREET ADDRESS 931 NW 122 TERR CITY-ST-ZIP Pembroke Pines, FL 33026	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Pamela A Bush **(954) 602 1597**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)