

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90982 037 ***158.75

DOCUMENT # P02000111300

1. Entity Name
CARROUSEL DESIGNS, INC.



Principal Place of Business
**674 TERN POINT CIRCLE
BOCA RATON FL 33431**

Mailing Address
**674 TERN POINT CIRCLE
BOCA RATON FL 33431**

11022149



2. Principal Place of Business

7121 N.W. TURTLE WALK

3. Mailing Address

7491 N. FEDERAL HIGHWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

334

☐ CHECK HERE IF MAKING CHANGES

City & State
BOCA RATON, FL

City & State
BOCA RATON, FL

4. FEI Number
14-1856951

Applied For
☐ Not Applicable

Zip
33487

Country
USA

Zip
33487

Country
USA

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

**PRUDEN, JAMES L ESO
370 W CAMINO GARDENS BLVD STE 210
BOCA RATON FL 33432**

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **ROSENBERG, CAROL**
STREET ADDRESS **674 TERN POINT CIRCLE**
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE **D** ☐ Change ☐ Addition
NAME **ROSENBERG, CAROL S.**
STREET ADDRESS **7121 N.W. TURTLE WALK**
CITY-ST-ZIP **BOCA RATON, FL 33487**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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:

CAROL S. ROSENBERG
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03 (Cell) 561-302-5013
(781) 237-2880
Date Daytime Phone #

CR2E034 (10/02)