

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-10-2003 90451 002 ***150.00

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DOCUMENT # P02000125737

1. Entity Name
CARIERA'S AT LAKE HART, INC.



Principal Place of Business
**5560 SHORE COURT
ORLANDO FL 32819**

Mailing Address
**5560 SHORE COURT
ORLANDO FL 32819**

55000000



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
10663 NARROOSSEE RD
Suite, Apt. #, etc.
107 & 108

3. Mailing Address
5560 SHORE CT
Suite, Apt. #, etc.
RD

City & State
ORLANDO FL

City & State
ORLANDO FL

4. FEI Number
57-1149119

Applied For
☐ Not Applicable

Zip
32832

Country
ORANGE

Zip
32819

Country
ORANGE

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

**G&L AGENT SERVICES, INC.
390 NORTH ORANGE AVENUE SUITE 600
ORLANDO FL 32801**

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
PRESIDENT
NAME
TOM CARIERA
STREET ADDRESS
5560 SHORE CT ORL FL 32819
CITY-ST-ZIP
32819

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
SECRETARY TREASURER
NAME
DEBORAH CARIERA
STREET ADDRESS
5560 SHORE CT ORL FL 32819
CITY-ST-ZIP
32819

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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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:

DEBORAH CARIERA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)