

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2002 8:00 am
Secretary of State

04-07-2002 90077 036 ***158.75

0218837 AV

DOCUMENT # P93000009525

1. Entity Name
CARNEY-NEUHAUS, INC.

Principal Place of Business
3050 BISCAYNE BLVD
STE 200
MIAMI FL 33137

Mailing Address
3050 BISCAYNE BLVD
STE 200
MIAMI FL 33137



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0387797**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

SCHINDLER, ROGER J.
2650 BISCAYNE BLVD
MIAMI FL 33137

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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-----------------------------|--|
| TITLE | PS | <input type="checkbox"/> Delete |
| NAME | CARNEY, ELEANOR J. | |
| STREET ADDRESS | 3050 BISCAYNE BLVD. STE 200 | |
| CITY-ST-ZIP | MIAMI BCH. FL 33137 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | STEVENSON, DENNIS | |
| STREET ADDRESS | 11911 US HIGHWAY 1, STE 120 | |
| CITY-ST-ZIP | PALM BEACH GARDENS FL 33408 | |
| TITLE | POS | <input checked="" type="checkbox"/> Delete |
| NAME | O'CONNER, WILLIAM D | |
| STREET ADDRESS | 11911 US HIGHWAY 1, STE 120 | |
| CITY-ST-ZIP | PALM BEACH GARDENS FL 33408 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|-------------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | POS | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Barry, Thomas J | |
| STREET ADDRESS | 11911 US Highway One, STE 120 | |
| CITY-ST-ZIP | Palm Beach Gardens, FL 33408 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 8, 2002 3055769990

Date

Daytime Phone #

CR2E034 (9/01)