

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2001 8:00 am**  
**Secretary of State**  
 01-30-2001 90177 001 \*\*\*150.00

**DOCUMENT # P93000021315**

1. Entity Name

**CAROLINA ENTERPRISES, INC.**

Principal Place of Business

**801 BRICKELL AVE  
 8TH FLOOR PARKING LOT  
 MIAMI FL 33131  
 US**

Mailing Address

**18113 SW 20TH ST.  
 MIRAMAR FL 33029  
 US**

2. Principal Place of Business

**801 BRICKELL AV.**

3. Mailing Address

**18113 S.W. 20th St.**

Suite, Apt. #, etc.

**8TH Floor PARKING LOT**

Suite, Apt. #, etc.

**---**

City & State

**MIAMI FLORIDA**

City & State

**MIRAMAR, FLORIDA**

Zip

**U.S. 33131**

Country

**US**

Zip

**33029**

Country

**U.S.**

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**VALDES, VICTOR G  
 18113 SW 20TH ST.  
 MIRAMAR FL 33029**

7. Name and Address of New Registered Agent

Name

**Not Applicable**

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 **Victor Gonzalez Valdes**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-20-2001**

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, 2001 Fee will be \$550.00  
 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 **D** ☐ Delete  
 NAME **GONZALEZ, VICTOR G**  
 STREET ADDRESS **18113 SW 20 ST.**  
 CITY-ST-ZIP **MIRAMAR FL 33029**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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: **Victor Gonzalez Valdes**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**305 323 0852**

CR2E034 (10/00)