

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P93000036857**

1. Entity Name

**CARCAND, INC.****FILED****Mar 03, 2000 8:00 am**  
**Secretary of State**

03-03-2000 90217 028 \*\*\*150.00

Principal Place of Business

Mailing Address

**9700 S. DRIVE HWY  
STE 1030  
MIAMI FL 33156  
US****9700 S. DRIVE HWY  
STE 1030  
MIAMI FL 33156  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-3186050**

Applied For

Not Applicable

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****SAMOLE, MYRON M  
9700 S DIXIE HWY  
SUITE 1030  
MIAMI FL 33156**

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, 2000 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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PD	<input type="checkbox"/> Delete
NAME	SAMOLE, MYRON M	
STREET ADDRESS	9700 S DIXIE HWY SUITE 1030	
CITY- ST- ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HARTE, SAMUEL	
STREET ADDRESS	7251 SW 129TH STREET	
CITY- ST- ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LEWIS, JOHN M.	
STREET ADDRESS	9400 S. DADELAND BLVD.	
CITY- ST- ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KRASNOW, HERSHEL	
STREET ADDRESS	1111 KANE CONCOURSE	
CITY- ST- ZIP	BAY HARBOR ISLAND FL	
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		
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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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/17/2000 305-670-5070

CR2E034 (9/99)