

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000066928

Entity Name

Carey Kramer Company-South Florida

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90018 036 ***150.00

Principal Place of Business Mailing Address
 3265 Meridian Pkwy. 1840 N. Commerce Pkwy.
 Suite 100 Suite 3
 Ft. Lauderdale, FL Weston, FL 33326
 33331

Principal Place of Business 3. Mailing Address
 840 N. Commerce Pkwy. Suite, Apt. #, etc.
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 Suite 3

City & State City & State
 Weston, FL City & State
 Zip Country Zip Country
 33326 USA Zip Country

4. FEI Number Applied For
 65-0438507 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 Kenneth H. Simigran
 c/o Carey Kramer Company
 1840 N. Commerce Pkwy.
 Suite 3
 Weston, FL 33326

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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

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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
ADDRESS ST-ZIP	DC SIMIGRAN, KENNETH H C/O CAREY KRAMER COMPANY WESTON FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ST-ZIP	DPS REX, ALBERT G C/O CAREY KRAMER COMPANY WESTON FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ST-ZIP	DVP Stephen M. Douglas 1849 N. Commerce Pkwy., Suite 3 Weston, FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ST-ZIP	DVP E. Lance Lehman 1840 N. Commerce Pkwy., Ste. 3 Weston, FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  Kenneth H. Simigran 4/28/00 (954) 389-7822
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)