

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000007027

1. Entity Name

CAROUSEL ACADEMY, INC.

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90068 017 ***150.00

Principal Place of Business

1633 SE LENNARD RD
PORT ST LUCIE FL 34952
US

Mailing Address

155 SUNFLOWER CIR
ROYAL PALM BEACH FL 33411-8006

2. Principal Place of Business

3. Mailing Address

~~1355 SE SALERNO RD~~

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

~~STUART FL~~

Zip

Country

Zip

34997-6419

Country

4. FEI Number

65-0463024

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

LINARES, EDUARDO I
155 SUNFLOWER CIR
ROYAL PALM BEACH FL 33411

Name

Street Address (P.O. Box Number is Not Acceptable)

~~1355 SE SALERNO RD~~

1633 SE LENNARD ROAD

City

STUART PORT ST. LUCIE FL

Zip Code

34952
~~34997-6419~~

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.

EDUARDO I LINARES

(NOTE: Registered Agent signature required when reinstating)

3-27-2000

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 D ☐ Delete
NAME LINARES, EDUARDO I
STREET ADDRESS 155 SUNFLOWER CIR
CITY-ST-ZIP ROYAL PALM BEACH FL 33411

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1355 SE SALERNO RD
CITY-ST-ZIP STUART, FL 34997-6419

TITLE D ☐ Delete
NAME LINARES, ANA M
STREET ADDRESS 155 SUNFLOWER CIR
CITY-ST-ZIP ROYAL PALM BEACH FL 33411

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1355 SE SALERNO RD
CITY-ST-ZIP STUART, FL 34997-6419

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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: ☒

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-27-2000 561-5008