

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 18, 2000 8:00 am
Secretary of State

05-18-2000 90288 028 ***150.00

DOCUMENT # P95000002226

1. Entity Name

CARIMAR & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

5740 LAKESIDE DR

5740 LAKESIDE DR

FL 33063

303
MARGATE FL 33063-1402
US

2. Principal Place of Business

3. Mailing Address

9405 102 PL S

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

BOYNTON BEACH FL

Zip

Country

Zip

Country

33437

4. FEI Number

65-0543168

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

Name

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

City

FL

Zip Code

BERTELSEN, GREGORY
6495 NW 11 ST
MARGATE FL 33063

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D			
	BERTELSEN, GREGORY	6495 N.W. 11TH STREET	MARGATE FL 33063	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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

GREGORY BERTELSEN

Date

4/25/00

Daytime Phone #

561-740-1911

CR2E034 (9/99)