

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90004 038 ***150.00

DOCUMENT # P95000002438

1. Entity Name

ROBERT CARRIER, P.A.

Principal Place of Business
2810 E OAKLAND PARK BLVD
#200
FORT LAUDERDALE FL 33306
US

Mailing Address
C/O MARK I. INGLER CPA
3071 NW 107TH AVENUE
CORAL SPRINGS FL 33065-3626
US

2. Principal Place of Business

831 Northeast 47th Court

3. Mailing Address

Suite, Apt. #, etc.

City & State

Fort Lauderdale FL

City & State

Zip

33334

Country

US

Country

US

4. FEI Number

65-0555842

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CARRIER, ROBERT
3451 NE 16TH AVE
FORT LAUDERDALE FL 33334

7. Name and Address of New Registered Agent

Name **Robert Carrier**

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

831 Northeast 47th Court

City **Fort Lauderdale**

FL

Zip Code
33334

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 **Robert Carrier**

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

(NOTE: Registered Agent signature required when reinstating)

3/13/02
 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, 2002 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 **PSTD** ☐ Delete
 NAME **CARRIER, ROBERT**
 STREET ADDRESS **3451 NE 16TH AVE**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33334**

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **831 Northeast 47th Court**
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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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

3/13/02
 DATE

954-222-5454
 Daytime Phone #

CR2E034 (9/01)