

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000077039

1. Entity Name

CAROLINE OF AMERICA, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90184 007 ***150.00

Principal Place of Business

847 NW 119 ST
205
MIAMI FL 33168
US

Mailing Address

847 NW 119 ST
SUITE 205
MIAMI FL 33168-2336
US

2. Principal Place of Business

7345 SAND LAKE ROAD

3. Mailing Address

7345 SAND LAKE ROAD

Suite, Apt. #, etc.

315

Suite, Apt. #, etc.

315

City & State

ORLANDO FLORIDA

City & State

ORLANDO FLORIDA

Zip

32819

Country

USA

Zip

32819

Country

USA

4. FEI Number

65-0613444

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

BRYANT, BERWARD
847 NW 119 ST
#205
MIAMI FL 33168

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
NAME PAPADAKIS, ANTONIO
STREET ADDRESS 8941 SW 142ND AVE #26
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE P/D
NAME ANTONIO PAPADAKIS
STREET ADDRESS 7345 SAND LAKE ROAD #315
CITY-ST-ZIP ORLANDO FL 32819 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 officers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F034 (9/99)