

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000083063

1. Entity Name

CAR NU CORPORATION

FILED

May 17, 2000 8:00 am
Secretary of State

05-17-2000 90844 044 ***150.00

Principal Place of Business

Mailing Address

501 SOUTH STATE ROAD 7
FORT LAUDERDALE FL 33317

501 SOUTH STATE ROAD 7
FORT LAUDERDALE FL 33317-4044

2. Principal Place of Business

3. Mailing Address

1121 South Military Tr
Suite, Apt. #, etc.

1121 South Military Tr
Suite, Apt. #, etc.

City & State
Deerfield Beach FL

City & State
Deerfield Beach FL

4. FEI Number 65-0701886

Applied For
Not Applicable

Zip
33442

Country

Zip
33442

Country
USA

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

BEAL, MELANIE
501 S STATE RD 7
FORT LAUDERDALE FL 33317

Same person -
new name ->

Name
Melanie R. Miller

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
P
BEAL, MELANIE
501 S STATE RD 7
FORT LAUDERDALE FL 33317 ☐ Delete
MARCIEN ->
See name change

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Miller, Melanie R. ☒ Change ☐ Addition
1121 South Military Tr.
Deerfield Beach, FL 33442

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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☐ 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 other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-17-00 (954) 797-7113

CR2E034 (9/99)