

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000002597

1. Entity Name

CARIANA INTERNATIONAL, INC.

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90103 042 ***150.00

Principal Place of Business

3475 SHERIDAN STREET, #215-B
SUITE 901
HOLLYWOOD FL 33021
US

Mailing Address

3475 SHERIDAN STREET, #215-B
SUITE 901
HOLLYWOOD FL 33021-3659
US

2. Principal Place of Business

3475 SHERIDAN STREET

3. Mailing Address

3475 SHERIDAN STREET

Suite, Apt. #, etc.

215B

Suite, Apt. #, etc.

215B

City & State

HOLLYWOOD, FLORIDA

City & State

HOLLYWOOD, FLORIDA

4. FEI Number

65-0754667

Applied For

Not Applicable

Zip

33021

Country

USA

Zip

33021

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

NIPAR, KITTY J
1008 NE 4TH CT
HALLANDALE FL 33009

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	P	<input type="checkbox"/> Delete
NAME	NIPAR, KITTY	
STREET ADDRESS	1008 NE 4TH CT	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	D	<input type="checkbox"/> Delete
NAME	WANG, SHIH I	
STREET ADDRESS	3050 NORWOOD PLACE #109	
CITY-ST-ZIP	BOCA RATON FL 33481	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

KITTY NIPAR

April 25, 2000

Date

(954) 893-5991

Daytime Phone #

CR2E034 (9/99)