

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000055826

1. Entity Name

CARLYLE GLOBAL PARTNERS, INC.

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90298 010 \*\*\*150.00

Principal Place of Business

125 CARLYLE DR  
PALM HARBOR FL 34683

Mailing Address

125 CARLYLE DR  
PALM HARBOR FL 34683-1806

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3508431**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LUIDENS, WESLEY B  
125 CARLYLE DR  
PALM HARBOR FL 34683

7. Name and Address of New Registered Agent

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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	LUIDENS, WESLEY B	
STREET ADDRESS	125 CARLYLE DR	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	MOHAMED, SALAH A	
STREET ADDRESS	681 AUBURN AVE	
CITY-ST-ZIP	BUFFALO NY 14222	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	SABUR, CLAUDIA T	
STREET ADDRESS	681 AUBURN AVE	
CITY-ST-ZIP	BUFFALO NY 14222	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	LUIDENS, JOHN W	
STREET ADDRESS	1202 TRAFALGAR LN	
CITY-ST-ZIP	WESTCHESTER PA 19380	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

*Wesley B. Luidens*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WESLEY B. Luidens 4-25-00 (727) 781-4600

Date

Daytime Phone #

CR21:034 (9/99)