

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000058857  
 1. Entity Name CARRI-FRESH INC R

**FILED**  
**Jul 21, 2000 8:00 am**  
**Secretary of State**  
 07-21-2000 90150 025 \*\*\*150.00

Principal Place of Business 7920 NW 89TH AVE  
TAMARAC FL 33321  
 Mailing Address 7920 N.W. 89TH AVE  
TAMARAC FL 33321

**00073049**

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 65-0835679 Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
MORGAN, YVONNE  
7920 N.W. 89TH AVE  
TAMARAC FL 33321

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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY-ST-ZIP	<u>MORGAN YVONNE</u> <u>7920 NW 89TH AVENUE</u> <u>TAMARAC FL 33321</u>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>MORGAN BARRINGTON</u> <u>7920 NW 89TH AVENUE</u> <u>TAMARAC FL 33321</u>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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] 07-14-00 89720-0849  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

H+Hachment  
DW73049

Doc # P9700005885:

Darlington Morgan  
Cari-Fresh inc

7920 NW 89th Ave

TAMARAC, FL 3332  
(954) 720-0849

RE: 2000 UBR (Did not Receive 1st Notice).

FLORIDA Department of State  
Division of Corporations  
07-05-00

Dear Sirs,

Enclosed is \$150 check for  
2000 UBR fees. Please accept such  
payments as I did not receive  
my 1st Notice. Thanks for your  
cooperation.

Yours truly,  
Darlington Morgan.  
