

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000091603**

1. Entity Name

CAROLE PROPERTIES AND MANAGEMENT, INC.

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 91152 007 ***150.00

Principal Place of Business

Mailing Address

**9719 Parkview Avenue
Boca Raton, FL 33428**

Same

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0797042

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**S.B. Greenfield
7000 West Palmetto Park Rd., Ste. 402
Boca Raton, FL 33433**

Name

Jonathan J. Lichtman, P.A.

Street Address (P.O. Box Number is Not Acceptable)

Sanctuary Centre, Suite D-100

4800 North Federal Highway

City

Boca Raton

FL

Zip Code

33431

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

Jonathan J. Lichtman, PRESIDENT

4/17/01

(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

Starting MAY 1, 2001 Fee will be \$550.00

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS CITY - ST - ZIP		NAME STREET ADDRESS CITY - ST - ZIP	
DPST Einaugler, Barrett R. 9719 Parkview Avenue Boca Raton, FL 33428	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ 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

Barrett R. Einaugler
DPST

Date

Daytime Phone #

4-17-01 (561) 662-8800