## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # **P98000022150** Apr 13, 2000 8:00 am Secretary of State CAROL'S SERVICES, INC. 04-13-2000 90052 037 \*\*\*150.00 Principal Place of Business Mailing Address 9249 SW 166TH CT 9249 SW 166TH CT MIAMI FL 33196 MIAMI FL 33196-1020 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0826360 Not:Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MOERLER, GEORGE M Street Address (P.O. Box Number is Not Acceptable) 9249 SW 166TH CT MIAMI FL 33196 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PD Addition Delete TITLE TITLE MOERLER, GEÖRGE M NAME NAME 9249 SW 166TH CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33196 Change ☐ Addition TITLE ☐ Delete TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP d with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information port strue any accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director lemptwered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 12 if I hereby certify that the information suppli-indicated on this report or supplemental p

SIGNATURE:

changed, or on an attachment w

SIGNATURE AND TYPED OR PRINTED NAME OF

or Block 12 if