

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 12, 2000 8:00 am  
Secretary of State

01-12-2000 90113 012 \*\*\*150.00

DOCUMENT # P98000032114

1. Entity Name

CAROLCOEUR, INC.

Principal Place of Business

Mailing Address

6356 MANOR LANE  
SOUTH MIAMI FL 33143

6790 SW 74 ST  
SOUTH MIAMI FL 33143-4531

(Change effective 1/14/00)

2. Principal Place of Business

3. Mailing Address

5888 SW 77 Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
South Miami, FL

4. FEI Number

65-0826436

Applied For  
Not Applicable

Zip

Country

Zip

33143

Country

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

VIAU, CAROL  
6790 SW 74 ST  
SOUTH MIAMI FL 33143

Name

(Same)

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

5888 SW 77 Terrace

City

South Miami, FL

Zip Code

33143

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

Carol S. Vian, President

1/4/00

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSTD  
VIAU, CAROL  
6790 SW 74 ST  
SOUTH MIAMI FL 33143 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
5888 SW 77 Terrace  
South Miami, FL 33143 ☒ Change ☐ Delete

TITLE  
NAME  
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CITY-ST-ZIP  
V  
VIAU, J. PAUL  
6790 SW 74 ST  
SOUTH MIAMI FL 33143 ☐ Delete

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Carol S. Vian, President

1/4/00

305 662 448

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #