

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90073 046 ***158.75

DOCUMENT # P98000045963

1. Entity Name

DECARLO & COMPANY, P.A. CERTIFIED PUBLIC ACCOUNT

D/B/A THE DECARLO Group CERTIFIED P.A.

Principal Place of Business

Mailing Address

1001 BRICKELL BAY DRIVE
27TH FLOOR
MIAMI FL 33131
US

1001 BRICKELL BAY DRIVE
27TH FLOOR
MIAMI FL 33131-4900
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

1404

Suite, Apt. #, etc.

1404

City & State

City & State

4. FEI Number

65-0837588

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fees Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DECARLO, MICHAEL A JR.
1001 BRICKELL BAY DRIVE
27TH FLOOR
MIAMI FL 33131

Name

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

1404

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME DECARLO, MICHAEL A JR.
STREET ADDRESS 1001 BRICKELL BAY DR, 27TH FLOOR
CITY-ST-ZIP MIAMI FL 33131

☐ Delete

TITLE
NAME # 1404
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE S
NAME DECARLO, MICHAEL A JR
STREET ADDRESS 1001 BRICKELL BAY DR, 27TH FLOOR
CITY-ST-ZIP MIAMI FL 33131

☐ Delete

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NAME # 1404
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP

☐ 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

Date

Daytime Phone #

4/19/00

705-358-9904

CR2E034 (9/99)