## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P98000061649 1. Entity Name CARNI ENTERPRISES, INC. Principal Place of Business Mailing Address 1290 WINDWAY CIRCLE 1290 WINDWAY CIRCLE KISSIMMEE FL 34744-2552 \_\_ FL 34744

3. Mailing Address

City & State

Suite, Apt. #, etc

Country

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

TITLE

NAME

TITLE

NAME

STREET ADDRESS

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Name

City

## **FILED** May 31, 2000 8:00 am Secretary of State

05-31-2000 90036 045 \*\*\*150.00



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

SIGNATURE:

2. Principal Place of Business

COLON, JUAN C

1290 WINDWAY CIRCLE KISSIMMEE FL 34744

9. This corporation is eligible to satisfy its Intangible

COSTALES, NILSA I

1290 WINDWAY CIRCLE

1290 WINDWAY CIRCLE

KISSIMMEE FL 34744

KISSIMMEE FL 34744

COLON, JUAN C

Tax filing requirement and elects to do so.

(See criteria on back)

DPT

DVPS

Country

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

OFFICERS AND DIRECTORS

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

11.

TITLE

NAME

TITLE

NAME

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TITLE

NAME STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-70

CITY-ST-ZIP

CITY-ST-ZIP TITLE

CITY-ST-ZIP

CITY-ST-ZIP

RINTED NAME OF SIGNING OFFICER OF DIRECTOR

☐ Change

☐ Addition