

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000070762

1. Entity Name

CARINA ENTERPRISES, INC.

FILED

Mar 05, 2001 8:00 am  
Secretary of State

03-05-2001 90333 023 \*\*\*150.00

Principal Place of Business

Mailing Address

~~9 SW 13 STREET~~  
~~FT. LAUDERDALE FL 33315~~

~~9 SW 13 STREET~~  
~~FT. LAUDERDALE FL 33315~~

00030628



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1126 S. Federal Hwy  
Suite, Apt. #, etc.

1126 S. Federal Hwy  
Suite, Apt. #, etc.

126

126

City & State

City & State

Fort Lauderdale

Fort Lauderdale

Zip

Zip

Country

Country

33316

Broward

33316

Broward

4. FEI Number

65-0857069

Applied For

Not Applicable

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

~~JOHNSON, SEAN~~

~~9 SW 13 STREET~~

~~FT. LAUDERDALE FL 33315~~

Name

Joseph Russell

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

1126 S. Federal Hwy #126

City

Fort Lauderdale

FL

Zip Code

33316

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, 2001 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	DP	<input type="checkbox"/> Delete
NAME	RUSSELL, JOSEPH	
STREET ADDRESS	9 SW 13 STREET	
CITY-ST-ZIP	FT. LAUDERDALE FL 33315	
TITLE	DV	<input type="checkbox"/> Delete
NAME	RUSSELL, VIRGINIA D	
STREET ADDRESS	9 SW 13 STREET	
CITY-ST-ZIP	FT. LAUDERDALE FL 33315	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Russell, Joseph	
STREET ADDRESS	1126 S. Federal Hwy #126	
CITY-ST-ZIP	Fort Lauderdale, FL 33316	
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Russell, Virginia D.	
STREET ADDRESS	1126 S. Federal Hwy #126	
CITY-ST-ZIP	Fort Lauderdale, FL 33316	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*Joseph Russell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-01

Date

954401743

Daytime Phone #

CR2E034 (10/00)