

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2001 8:00 am
Secretary of State

07-25-2001 90006 022 ***150.00

DOCUMENT # P98000081661

1. Entity Name
DECARLO & KNOERR, P.A.

Principal Place of Business
4984 N PINE ISLAND RD
LAUDERHILL FL 33351

Mailing Address
4984 N PINE ISLAND RD
LAUDERHILL FL 33351

2. Principal Place of Business
4992 N. Pine Island Rd
 Suite, Apt. #, etc.

3. Mailing Address
4992 N. Pine Island Rd
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
LAUDERHILL FL
 Zip
33351

City & State
LAUDERHILL FL
 Zip
33351

4. FEI Number
65-0883155

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

DECARLO, GIOIA
4984 N PINE ISLAND ROAD
LAUDERHILL FL 33351

7. Name and Address of New Registered Agent

Name
Knoerr, Linda
 Street Address (P.O. Box Number is Not Acceptable)
4992 N. PINE ISLAND Rd
 City
LAUDERHILL **FL** Zip Code
33351

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 **Linda Knoerr**
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7-16-01
 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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DECARLO, GIOIA 4984 N PINE ISLAND RD LAUDERHILL FL 33351	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KNOERR, LINDA M 4984 N PINE ISLAND RD LAUDERHILL FL 33351	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/12/01 **954-749-3151**
 Date Daytime Phone #

0070887 AY

CR2E034 (5/01)