

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000086189

1. Entity Name **CARTFELD INVESTMENT GROUP, INC.**

FILED
Aug 21, 2000 8:00 am
Secretary of State

08-21-2000 90206 026 ***550.00

Principal Place of Business

14200 NW 4TH ST
SUNRISE FL 33325

Mailing Address

14200 NW 4TH ST
SUNRISE FL 33325-6226

2. Principal Place of Business

403 E DILDO DRIVE
Suite, Apt. #, etc.

3. Mailing Address

403 E DILDO DRIVE
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MIAMI BEACH FL

City & State

MIAMI BEACH FL

4. FEI Number

65-0884040

Applied For

Not Applicable

Zip

Country

33139

DADE

Zip

Country

33139

DADE

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

BARDFELD, J.D. SKIP
14200 NW 4TH ST
SUNRISE FL 33325

Name

NORBERTO CARTAGENA JR

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

403 E DILDO DRIVE

City

MIAMI BEACH

FL

Zip Code

33139

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)

NORBERTO CARTAGENA JR.
DIRECTOR

8/15/00

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 **D** ☒ Delete
NAME **BARDFELD, J.D. SKIP**
STREET ADDRESS **14200 NW 4TH ST**
CITY-ST-ZIP **SUNRISE FL 33325**

TITLE **D** ☐ Change ☒ Addition
NAME **CARTAGENA, NORBERTO JR**
STREET ADDRESS **403 E DILDO DRIVE**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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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:

NORBERTO CARTAGENA JR.
DIRECTOR

8/15/00

305-216-6525

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)