

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000105009

1. Entity Name  
CARTA OBICAN, INC.

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90038 004 \*\*\*158.75

Principal Place of Business

1472 SOUTHWEST 13TH STREET  
BOCA RATON FL 33486

Mailing Address

1472 SOUTHWEST 13TH STREET  
BOCA RATON FL 33486-5339

2. Principal Place of Business

250 SOUTH DIXIE HWY

3. Mailing Address

1472 SOUTHWEST 13TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON FL 33432

City & State

BOCA RATON, FL

Zip

Country

Zip

Country

33432

USA

33486

USA

4. FEI Number

65-0882182

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

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

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

TITLE PSTD  
NAME OBICAN, LAZAR  
STREET ADDRESS 1472 SOUTHWEST 13TH STREET  
CITY-ST-ZIP BOCA RATON FL 33486 ☐ Delete

TITLE V  
NAME OBICAN, ANA  
STREET ADDRESS 1472 SOUTHWEST 13TH STREET  
CITY-ST-ZIP BOCA RATON FL 33486 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition

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

TITLE ☐ 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 #

OBICAN LAZAR OBICAN, 4/15/2000 (561)367 7480

CR2EX14 (3/99)