3/3/7

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 29, 2000 8:00 am
Secretary of State

03-07-2000 90068 020 ***150.00

DOCUMENT # P99000027153 R

1. Entity Name

CARBA, INC.

Principal Place of Business	Mailing Address
SW VERONICA ... ST. LUCIE FL 34953	668 SW VERONICA PORT ST. LUCIE FL 34953-6375

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
423 SW MONROE		423 SW MONROE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Port ST Lucie FL		City & State: Port ST Lucie FL	
Zip: 34986	Country: ST Lucie	Zip: 34986	Country: ST Lucie

4. FEI Number 65-0906863 ☐ 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
CIVIDANES, ROSEMARY 668 SW VERONICA PORT ST. LUCIE FL 34953	Name: SALVATORE J FARINA Street Address (P.O. Box Number is Not Acceptable): 423 SW MONROE DR City: PORT ST LUCIE FL Zip Code: 34986

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] SALVATORE J FARINA 6/19/00

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CIVIDANES, ROSEMARY 668 SW VERONICA PORT ST. LUCIE FL 34953	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALVATORE J FARINA 423 SW MONROE DR PORT ST LUCIE FL 34986	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/99)

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] SALVATORE J FARINA 3/3/2000 561 873 2522

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #