

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000049207

1. Entity Name

CARBONICA CORPORATION

FILED
Aug 28, 2000 8:00 am
Secretary of State

08-28-2000 90041 012 ***558.75

Principal Place of Business

2072 SOUTH MILITARY TRAIL SUITE 7
WEST PALM BEACH FL 33415

Mailing Address

~~2072 SOUTH MILITARY TRAIL SUITE 7~~
~~WEST PALM BEACH FL 33415~~

2. Principal Place of Business

3. Mailing Address

Box 540102

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Lake Worth, FL

Zip

Country

Zip
33454

Country

USA

4. FEI Number

65-0923888

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

00081783



6. Name and Address of Current Registered Agent

CORPORATE CREATIONS ENTERPRISES INC.
941 FOURTH STREET #200
MIAMI BEACH FL 33139

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 \$550.00
After SEPTEMBER 13, 2000 Min. 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
D
CHIARI, CHRISTIAN T
~~2072 SOUTH MILITARY TRAIL SUITE 7~~
~~WEST PALM BEACH FL 33415~~

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
3815 W. Olive Ave #101
Burbank, CA 91505

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

TITLE
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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

8/24/00

561-

Daytime Phone #

CR2E034 (5/00)