

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 17, 2001 8:00 am
Secretary of State

08-17-2001 90002 009 ***150.00

0030218 AV

DOCUMENT # P990000053066

1. Entity Name
CARAN ART AND FRAME, INC.

Principal Place of Business
5574 NW 124 AVE
CORAL SPRINGS FL 33076

Mailing Address
5574 NW 124 AVE
CORAL SPRINGS FL 33076

2. Principal Place of Business
11016 wiles road
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
Coral Springs, Florida
 Zip
33076

City & State
 Zip
 Country

4. FEI Number
65-0926878

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

CATRONIO, GARY A
5574 NW 124 AVE
CORAL SPRINGS FL 33076

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 _____ (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 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 CATRONO, GARY A 5574 NW 124 AVENUE POMPANO BEACH FL 33076	<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
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
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

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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/13/01 9543401278
 Date Daytime Phone #

CR2E034 (5/01)

Attachment
Doc# T9900053066
AU081741
Caran Art & Frame INC.

◆◆◆
11016 Wiles road ◆ Coral Springs, Florida 33076
Phone 954-340-1278 ◆ Fax 954-341-1279 ◆ Email caranart@home.com

August 13, 2001

DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILING
P.O. BOX 1500
TALLAHASSEE, FLORIDA, 32302-1500

TO WHOM IT MAY CONCER;

I AM WRITTING THIS LETTER TO LET YOU KNOW I NEVER RECIEVED THE ORIGINAL
APPLACATION AND MY ADDRESS HAS NOT CHANGE. PLEASE EXCEPT MY CHECK FOR \$150.00. IF I
KNEW IT WAS DUE I WOULD HAVE PAID IT.

Sincerely,

GARY CATONIO