

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90018 040 ***150.00

DOCUMENT # P99000104655

1. Entity Name
MARY-ALICE & CAROL, INC.

Principal Place of Business
2425 EAST COMMERCIAL BLVD., SUITE 402
FORT LAUDERDALE FL 33308

Mailing Address
2425 EAST COMMERCIAL BLVD., SUITE 402
FORT LAUDERDALE FL 33308



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1820 NE 26 AVE.
 Suite, Apt. #, etc.
9

3. Mailing Address
1820 NE 26 AVE.
 Suite, Apt. #, etc.
9

City & State
FT. LAUDERDALE, FL
 Zip
33305
 Country
USA

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FT. LAUDERDALE, FL
 Zip
33305
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4. FEI Number **65-0979772**
 Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KRUEGER, CAROL L
2425 EAST COMMERCIAL BLVD., SUITE 402
FORT LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
1820 NE 26 AVE, #9
 City
FT. LAUDERDALE, FL Zip Code
33305

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 *Carol L. Krueger* DATE *1/30/02*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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	PTD	<input type="checkbox"/> Delete
NAME	KRUEGER, CAROL L	
STREET ADDRESS	2425 EAST COMMERCIAL BLVD., SUITE 402	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	DENNY, MARY ALICE	
STREET ADDRESS	2425 EAST COMMERCIAL BLVD., SUITE 402	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1820 NE 26 AVE. #9
CITY-ST-ZIP	FT. LAUDERDALE, FL 33305
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	640 KENSINGTON PLACE
CITY-ST-ZIP	WILTON MANORS, FL 33305
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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: *Carol L. Krueger*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/02 *954-493-9935*
 Date Daytime Phone #

CR2E034 (9/01)