2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: 1/1

FILED Feb 20, 2001 8:00 am **DOCUMENT # \$10557 Secretary of State** 1. Entity Name CARAVAN, INC. 02-20-2001 90054 043 ***150.00 Principal Place of Business Mailing Address P.O. BOX 290537 1000 CRYSTAL LAKE 718958 POMPANO BEACH FL 33064 DAVIE FL 33329 2. Principal Place of Business 3. Mailing Address 503 S.E Suite, Apt. #, etc. Suite, Apt, #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 65-0226885 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required -6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STANCIU, ANA Street Address (P.O. Box Number is Not Acceptable) 4761 S.W. 126TH AVE FT LAUDERDALE FL 33330 Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible.... ~ 10.-Election Campaign Financing ~ \$5.00 May Be After MAY 1, 2001 Fee will be \$550,00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STANCIU, JON NAME STREET ADDRESS STREET ADDRESS 4761 S.W. 126TH AVE CITY-ST-ZIP City-ST-ZIP FT LAUDERDALE FL 33330 ☐ Change ☐ Addition ☐ Delete TITLE STANCIU, ANA NAME NAME STREET ADDRESS STREET ADDRESS 4761 S.W. 126TH AVE CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33330 JONEL STANCIU Change 7510 RAMPART WAY SOUTH TITLE DIR TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS COOPER CITY, FL. 33076 CITY-ST-ZIP CITY-ST-78 VASA STANCIU Change TITLE DIR TITI F ☐ Delete 11200 ROCKINGHORSE RD NAME NAME STREET ADDRESS STREET ADDRESS COOPER CITY FL 33076 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.