

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 03, 2001 8:00 am**  
**Secretary of State**

02-03-2001 90014 044 \*\*\*150.00

C 110

**DOCUMENT # P94000082778.**

1. Entity Name

**CARLA OF KEY WEST CORP.**

Principal Place of Business

Mailing Address

905 WHITE ST  
KEY WEST FL 33040

905 WHITE ST  
KEY WEST FL 33040

2. Principal Place of Business

**1500 Atlantic Blvd**

3. Mailing Address

**1500 Atlantic Blvd.**

Suite, Apt. #, etc.

**Apt. 406**

Suite, Apt. #, etc.

**Apt. 406**

City & State

**Key West, FL**

City & State

**Key West, FL**

Zip

**33040**

Country

**US**

Zip

**33040**

Country

**US**

4. FEI Number

**65-0537775**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BISCARDI, CARLA**  
**909 WHITE STREET**  
**KEY WEST FL 33040**

7. Name and Address of New Registered Agent

Name **Carla Biscardi**

Street Address (P.O. Box Number is Not Acceptable)

**1500 Atlantic Blvd.**

**Apt. 406**

City

**Key West**

**FL**

Zip Code

**33040**

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 \$150.00**  
**After MAY 1, 2001 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	<input type="checkbox"/> Delete
D	PENTZ, FRANCESCA	905-907 WHITE ST	KEY WEST FL 33040	<input type="checkbox"/>
D	BISCARDI, CARLA	905-907 WHITE ST	KEY WEST FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
D	PENTZ, FRANCESCA	1301 TRUMAN AVE.	KEY WEST, FL 33040	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	BISCARDI, CARLA	1500 ATLANTIC BLVD, APT 406	KEY WEST, FL 33040	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

*Carla Biscardi* **CARLA BISCARDI SEC/VP**

Date

**1/29/01 294-4857**

Daytime Phone #

CR2E034 (10/00)