

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 01, 2002 8:00 am
Secretary of State

07-01-2002 90354 038 ***150.00

DOCUMENT # P94000082778

1. Entity Name

CARLA of Key West Corp

DO NOT WRITE IN THIS SPACE

B0126358

2. Principal Place of Business

1301 TRUMAN AVE

Suite, Apt. #, etc.

3. Mailing Address

1500 ATLANTIC BLD.

Suite, Apt. #, etc.

406

DO NOT WRITE IN THIS SPACE

City & State

KEY WEST, FL

City & State

KEY WEST FL

4. FEI Number

65-0537775

Applied For

Not Applicable

Zip

33040

Country

MONROE

Zip

33040

Country

MONROE

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

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

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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

Carla Biscardi

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

6/18/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
PENTZ FRANCESCA
6518 5TH ST
KEY WEST FL 33040

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BISCARDI CARLA
6518 5TH ST
KEY WEST, FL 33040

TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowers.

SIGNATURE:

Carla Biscardi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/18/02 305 292-6381

Date

Daytime Phone #

CR2E034B (12/01)

Carla of Key West, Corp.

Attachment
R# P940008278
6518 5th St
Key West, Fl 33040
Monroe *PO 126358*

Phone (305)292-6381
Fax (305)296-6015

May 23, 2002

Florida Dept. of State
Division of Corporations
PO Box 6327
Tallahassee, Fl 32344

To Whom It May Concern;

Our corporation never received an application for the annual report. Therefore, I have enclosed a check in the amount of \$150 along with a copy of a previous annual report. Please send the annual certificate for 2002 to the above address. Thank you for your prompt consideration.

Sincerely,



Carla Biscardi
Vice Pres./Sec.
Carla of Key West Corp.