

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90111 036 ***150.00

DOCUMENT # M17022

1. Entity Name
FLORIDA CARRIER, INC.

Principal Place of Business
C/O ALEJANDRO A. ACOSTA
12060 N.W. SOUTH RIVER DRIVE
MEDLEY FL 33178

Mailing Address
C/O ALEJANDRO A. ACOSTA
12060 N.W. SOUTH RIVER DRIVE
MEDLEY FL 33178-1111



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2553790**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ACOSTA, ALEJANDRO A.
12060 N.W. SOUTH RIVER DRIVE
MEDLEY FL 33178

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 _____ DATE _____
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, 2000 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 **DP** Delete
 NAME **ACOSTA, ALEJANDRO A.**
 STREET ADDRESS **12060 NW SOUTH RIVER DR**
 CITY-ST-ZIP **MEDLEY FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **ST** Delete
 NAME **ELORTEGUI, RAFAEL**
 STREET ADDRESS **12060 NW SO. RIVER RD**
 CITY-ST-ZIP **MEDLEY FL 33178**

TITLE **ST** Change Addition
 NAME **ELORTEGUI, MARTA**
 STREET ADDRESS **12060 NW SO. RIVER DR.**
 CITY-ST-ZIP **MEDLEY, FL 33178**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Delete
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 CITY-ST-ZIP

TITLE Change 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: **ALEJANDRO ACOSTA**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/2000

(305) 888 1717

Date

Daytime Phone #

CR2E034 (9/99)