

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2003 8:00 am**  
**Secretary of State**

02-07-2003 90069 006 \*\*\*150.00

DOCUMENT # **P02000028087**



1. Entity Name  
**CARMILTOMFRAN SERVICES, INC.**

Principal Place of Business  
**TURNBERRY PLAZA, SUITE 801  
2875 N.E. 191ST STREET  
AVENTURA FL 33180**

Mailing Address  
**TURNBERRY PLAZA, SUITE 801  
2875 N.E. 191ST STREET  
AVENTURA FL 33180**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

- CHECK HERE IF MAKING CHANGES -

City & State  
4. FEI Number  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  
**BARRA, MARCELO  
TURNBERRY PLAZA, SUITE 801  
2875 N.E. 191ST STREET  
AVENTURA FL 33180**

7. Name and Address of New Registered Agent  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
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**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	<b>D EDUARDO MARCELO BARRA</b>
STREET ADDRESS	<b>2875 NE 191 STREET # 801</b>
CITY-ST-ZIP	<b>AVENTURA, FL 33180</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>D CHRISTIAN GERMAN BARRA</b>
STREET ADDRESS	<b>2875 NE 191 STREET, #801</b>
CITY-ST-ZIP	<b>AVENTURA, FL 33180</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>D TAMARA MARIA WENDLER</b>
STREET ADDRESS	<b>2875 NE 191 STREET # 8</b>
CITY-ST-ZIP	<b>AVENTURA, FL 33180</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **X [Signature] EDUARDO MARCELO BARRA** **1/14/03 (305) 484-2368**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)