

2000 UNIFORM BUSINESS REPORT (UBR)

2/22/00 0000 007 0000 0000 0000

FILED
Mar 31, 2000 8:00 am
Secretary of State

02-22-2000 90060 007 ***150.00
 03-31-2000 90099 032 *****8.75

DOCUMENT # P97000104571

1. Entity Name
CARVITRONICS CORP.

Principal Place of Business 20381 NE 30 AVE. SUITE 320 N MIAMI FL 33180	Mailing Address 20381 NE 30 AVE. SUITE 320 N MIAMI FL 33180-1579
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0804122	Applied For <input type="checkbox"/>
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	Not Applicable <input type="checkbox"/>
City & State		City & State			
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent CARBO, JUAN 20381 NE 30 AVE N MIAMI FL 33180-1546			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME	PRESIDENT SANDRA VILLACRES	<input checked="" type="checkbox"/> Delete		TITLE NAME	PRESIDENT JUAN CARBO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	20381 NE 30 AVE. Suite 320			STREET ADDRESS	7580 NW 70 STREET		
CITY-ST-ZIP	N MIAMI FL 33180			CITY-ST-ZIP	MIAMI FLORIDA 33166		
TITLE NAME		<input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE NAME		<input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE NAME		<input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE NAME		<input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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 empowers.

SIGNATURE: JUAN CARBO *[Signature]* **2-15-00** **305-887-2232**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)