

# 2002 UNIFORM BUSINESS REPORT (UBR)

06-11-2002 90396 010 \*\*\*150.00  
L34840

FILED

02 AUG 22 PM 4:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

R0124941

DO NOT WRITE IN THIS SPACE

DOCUMENT # L34840

1. Entity Name  
CARMENATE AND ASSOCIATES INC.

Principal Place of Business

6447 MIAMI LAKES DR E  
SUITE 201  
MIAMI LAKES FL 33014

Mailing Address

6447 MIAMI LAKES DR E  
SUITE 201  
MIAMI LAKES FL 33014

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0159989

Applied For

Not Applicable

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

CARMENATE, PEDRO  
402 NW 32ND CT  
MIAMI FL 33125

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:

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, 2002 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 D ☐ Delete  
NAME CARMENATE, CECILIA  
STREET ADDRESS 402 NW 32ND CT  
CITY-ST-ZIP MIAMI FL

TITLE ☐ Change ☐ Addition  
NAME 700007428027--5  
STREET ADDRESS -08/29/02--01050--014  
CITY-ST-ZIP \*\*\*\*\*400.00 \*\*\*\*\*400.00  
☐ Change ☐ Addition

TITLE D ☐ Delete  
NAME CARMENATE, PEDRO  
STREET ADDRESS 402 NW 32ND CT  
CITY-ST-ZIP MIAMI FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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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:

SIGNATURE: PEDRO CARMENATE

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