


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 14, 2003 8:00 am
Secretary of State
07-14-2003 90328 048 ***150.00

DOCUMENT # P96000004403 

1. Entity Name
CARNOTEL, INC.

Principal Place of Business Mailing Address
P. O. BOX 660007 P. O. BOX 660007
MIAMI SPRINGS FL 33266 MIAMI SPRINGS FL 33266

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

4. File Number **65-0639407** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
SILVERIO, MARK V
44 W. FLAGLER STREET
SUITE 2450/COURTHOUSE TOWER
MIAMI FL 33130

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City 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 Signature, typed or printed name of registrant, and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FERNANDEZ-GUZMAN, CARLOS P. O. BOX 660007 MIAMI SPRINGS FL 33266 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS VALDES-FERNANDEZ, MARIA P. O. BOX 660007 MIAMI SPRINGS FL 33266 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 filers empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **428-03** **301-P05-6102**
Date Date

Attachment #

CTI

10109897

Post Office Box 660007
Miami Springs, Florida 33266
305.883.4600 Office
305.883.4626 Facsimile

July 2, 2003

Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

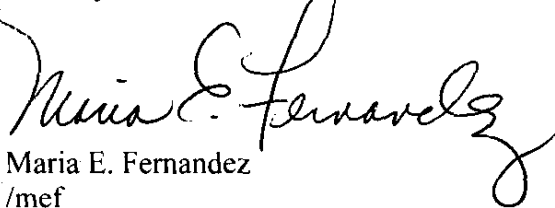
RE: 2003 Uniform Business Report (UBR)
Document #P96000004403
FEI #650639407

TO WHOM IT MAY CONCERN:

In reviewing our current bank statement I noticed that our check #3894 had not cleared through our bank. I called the Division of Corporations and was advised that I should send a copy of my records of the check and reference our document #P96000004403. I am enclosing a copy of the check along with a copy of the above referenced document for your review. Please accept a new check in the amount of \$150.00. If the previous check has still not been received please deposit the new one. If the original check has been received and has already been deposited please let me know, as I have not issued a stop payment.

Please accept my sincerest apologies for this inconvenience. I appreciate your efforts on our behalf and am respectfully requesting that the late fee be waived.

Thank you.



Maria E. Fernandez
/mef
Encl.