

**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: **P. O. BOX 660007 MIAMI SPRINGS FL 33266**  
Mailing Address: **P. O. BOX 660007 MIAMI SPRINGS FL 33266**

2. Principal Place of Business: Suite, Apt. #, etc.  
3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State  
Zip: Country Zip: Country

4. FEI Number: **65-0639407**  
Applied For:  Not Applicable:

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

CHECK HERE IF MAKING CHANGES



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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

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

**10. OFFICERS AND DIRECTORS**

TITLE: <b>DP</b>	<input type="checkbox"/> Delete
NAME: <b>FERNANDEZ-GUZMAN, CARLOS</b>	
STREET ADDRESS: <b>P. O. BOX 660007</b>	
CITY-ST-ZIP: <b>MIAMI SPRINGS FL 33266</b>	
TITLE: <b>DVPS</b>	<input type="checkbox"/> Delete
NAME: <b>VALDES-FERNANDEZ, MARIA</b>	
STREET ADDRESS: <b>P. O. BOX 660007</b>	
CITY-ST-ZIP: <b>MIAMI SPRINGS FL 33266</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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: *Carlos Fernandez-Guzman*  
Date: **4-28-03** 301-PDF-6102

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

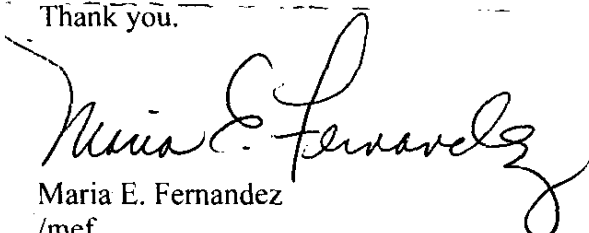
RE: 2003 Uniform Business Report (UBR)  
Document #P96000004403  
FEI #650639407

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.