

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 676867

1. Entity Name
CARBEN, INC.

Principal Place of Business
2150 N.W. 70TH AVE.
MIAMI FL 33122

Mailing Address
2150 N.W. 70TH AVE.
MIAMI FL 33122

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 59-2127845

Applied For
Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WESLEY M. ROBINSON
501 BRICKELL KEY DRIVE, SUITE 504
MIAMI FL 33131

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.

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

TITLE	C	<input type="checkbox"/> Delete
NAME	PAIZ, CARLOS M	
STREET ADDRESS	12 CALLE 1-80, ZONA 9	
CITY-ST-ZIP	GUATEMALA CITY GU	
TITLE	D	<input type="checkbox"/> Delete
NAME	PINTO, HECTOR	
STREET ADDRESS	12 CALLE 1-80, ZONA 9	
CITY-ST-ZIP	GUATEMALA CITY GU	
TITLE	D	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, ANIBAL	
STREET ADDRESS	12 CALLE 1-80, ZONA 9	
CITY-ST-ZIP	GUATEMALA CITY GU	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHIU, MARIO	
STREET ADDRESS	12 CALLE 1-80, ZONA 9	
CITY-ST-ZIP	GUATEMALA CITY GU	
TITLE	S	<input type="checkbox"/> Delete
NAME	MORENO, MARIA DELORES	
STREET ADDRESS	12 CALLE 1-80, ZONA 9	
CITY-ST-ZIP	GUATEMALA CITY GU	
TITLE	PG	<input type="checkbox"/> Delete
NAME	PELAYO, AMERICA	
STREET ADDRESS	2150 N.W. 70TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33122	

12. 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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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: Amelia Pelayo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/08/02 (305) 470-000
Date Daytime Phone #

0101360 AV

CR2E034 (9/01)