

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90022 030 ***150.00

DOCUMENT # F98512

1. Entity Name

CARLES, INC.

Principal Place of Business

Mailing Address

**8000 NW 31 ST #13
 MIAMI FL 33122**

**8000 NW 31 ST #13
 MIAMI FL 33178-1855**

2. Principal Place of Business

3. Mailing Address

3509 NW 115 AVE.

3509 NW 115 AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI, FL

MIAMI, FL.

Zip

Country

Zip

Country

33178

USA

33178

USA

4. FEI Number

59-2223022

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

**CARLES, ALAIN
 1410 SW 159TH AVENUE
 PEMBROKE PINES FL 33027**

Name

CARLES, ALAIN

Street Address (P.O. Box Number is Not Acceptable)

9650 SW 63 CT.

City

PINECREST

FL

Zip Code

33156

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, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Alain Carles

ALAIN CARLES PRESIDENT

2/15/2000

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input type="checkbox"/> Delete
NAME	CARLES, ALAIN	
STREET ADDRESS	1410 SW 159TH AVENUE	
CITY-ST-ZIP	PENBROKE PINES FL	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	CARLES, IRELA	
STREET ADDRESS	13480 S.W. 89TH TR.	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLES, ALAIN	
STREET ADDRESS	9650 SW 63 CT.	
CITY-ST-ZIP	PINECREST, FL. 33156	
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:

SIGNATURE *Alain Carles* **ALAIN CARLES**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/15/2000 (305)594-0006



DO NOT WRITE IN THIS SPACE