

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 27, 2001 8:00 am**  
**Secretary of State**  
 04-27-2001 90238 047 \*\*\*150.00

0143643

**DOCUMENT # G87858**

1. Entity Name

**CARRILLO INVESTMENT CORP.**

Principal Place of Business

782 NW 42 AVE  
 #428-A  
 MIAMI FL 33126  
 US

Mailing Address

782 NW 42 AVE  
 #428-A  
 MIAMI FL 33126  
 US

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 **59-2380264**

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

**CARRILLO, PEDRO L**  
**520 PINECREST DR**  
**SUITE 1040**  
**MIAMI SPRINGS FL 33166**

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, 2001 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	DP	<input type="checkbox"/> Delete
NAME	CARRILLO, PEDRO A.	
STREET ADDRESS	9800 SW 22ND ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	DST	<input type="checkbox"/> Delete
NAME	CARRILLO, RAMONA E.	
STREET ADDRESS	9800 SW 22ND ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	CARRILLO, MARIA A.	
STREET ADDRESS	973 HUNTING LODGE DR	
CITY-ST-ZIP	MIAMI SPRINGS FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	CARRILLO, MARINA E	
STREET ADDRESS	9800 SW 22ND ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	AST	<input type="checkbox"/> Delete
NAME	CARRILLO, PEDRO L.	
STREET ADDRESS	520 PINECREST DR	
CITY-ST-ZIP	MIAMI SPRINGS FL	
TITLE		<input type="checkbox"/> Delete
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		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/23/01 305-445-1441**  
 Date Daytime Phone #

CR2E034 (10/00)