## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## G99493 **DOCUMENT #**

1. Entity Name

CARMARG ENTERPRISES, CORP.



## **FILED** Feb 24, 2003 8:00 am Secretary of State 02-24-2003 90207 038 \*\*\*150.00

Principal Place of Business C/O CARLOS TOMAS GONZALEZ 13916 SW 102TH COURT MIAM! FL 33176		Mailing Address C/O CARLOS TOMAS GONZALEZ 13916 SW 102TH COURT MIAMI FL 33176							
2. Principal Place of Business		3. Mailing Address				T FEBRUAL BOUN FORMS LONG. FLOTO LEVES HAT STAIN D.	IRIA BEBAN BIBEN B		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			7	☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. 1	FEI Number <b>59-2382706</b>		pplied For		
Zip	Country	Zip	Count	ry	5. (	Certificate of Status Desired	\$8.75 Ad	Iditional	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
				Name					
GONZALE	z, carlos tomas		Street Address			P.O. Box Number is Not Acceptable)			
13916 SW	102 COURT		Street Addres		(F.O. Box Number is Not Acceptable)				
MIAMI FL	33176								
				City			Zip Coc	de	
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 registered ager	nt and title if applicable. (NOT	E: Registered	Agent signature require	ad when re	einstating) DATE			
F	ILE NOW!!! FEE IS \$150.00					1			
After May 1, 2003 Fee will be \$550.00						S. Election Campaign Financing     Trust Fund Contribution.		00 May Be d to Fees	
Make Check Payable to Florida Department of State						rust Ford Contribution.	- Adde	d to rees	
10.	OFFICERS ANI	D DIRECTORS	11.		AD	DDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	RS IN 11	
TITLE	P	☐ Delete	TITLE				☐ Change	☐ Addition	
NAME STREET ADDRESS	GONZALEZ, CARLOS TOMAS	NAMI		i					
CITY-ST-ZIP	MIAMI FL			T'ADDRESS ST-ZIP				}	
TITLE	S	Delete	TITLE	-			☐ Change	Addition	
NAME .	GONZALEZ, MARGARITA L.	L_ Detete	NAME				☐ Change	Addition }	
STREET ADDRESS			STREE	T ADDRESS				ļ	
CITY-ST-ZIP			CITY-	ST-ZIP				}	
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CITY-ST-ZIP			CITY-	SI-ZIP					
TITLE NAME		☐ Delete	TITLE				Change	Addition	
STREET ADDRESS			NAME	T ADDRESS					
CITY-ST-ZIP			CITY-S	l l					
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NAME			NAME	1					
STREET ADDRESS			STREE	T ADDRESS					
CITY-ST-ZIP			CITY-S	ST-ZIP					
TITLE		☐ Delete	TITLE				☐ Change	☐ Addition	
NAME			NAME						
STREET ADDRESS CITY-ST-ZIP			STREET CITY-S	ADDRESS					
	partifu that the information and the	h this filian days				140.07(0)(0).5().6		, ,	
indicated	erary that the information supplied wit on this report or supplemental report	in this ining does not qualify for is true and accurate and that r	ı ıne exem nv sianatu	iption stated in Si re shall have the	ection 1 same le	119.07(3)(i), Florida Statutes. I further cer legal effect as if made under oath; that I a	ary that the in	ntormation 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: