

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K11630

1. Entity Name
CAROTTO DESIGNS, INC.

Principal Place of Business Mailing Address
152-54 M W 37TH STREET 152-54 M W 37TH STREET
MIAMI FL 33127 MIAMI FL 33127

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 65-0121508 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

MENENDEZ, OTTO F.
800 PARKVIEW DRIVE #505
HALLANDALE FL 33009

Name
Street Address (P.O. Box Number is Not Acceptable)
14970 S.W. 74th Terrace
City Miami FL Zip Code 33193

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME MENENDEZ, OTTO F.
STREET ADDRESS 800 PARKVIEW DRIVE #505
CITY-ST-ZIP HALLANDALE FL

TITLE
NAME
STREET ADDRESS 14970 S.W. 74th Terrace
CITY-ST-ZIP Miami, FL 33193

TITLE VSD
NAME VALLE, CARLOS R.
STREET ADDRESS 800 PARKVIEW DRIVE #505
CITY-ST-ZIP HALLANDALE FL

TITLE
NAME
STREET ADDRESS 14970 S.W. 74th Terrace
CITY-ST-ZIP Miami, FL 33193

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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 Carlos R Valle 01/07/02 305-573-2021
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Jan 14, 2002 8:00 am
Secretary of State

01-14-2002 90011 013 ***150.00



DO NOT WRITE IN THIS SPACE

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CR02034 (9/01)