

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 27, 2001 8:00 am  
Secretary of State

03-27-2001 90035 010 \*\*\*150.00

DOCUMENT # K16458

1. Entity Name

CARPA INVESTMENTS, INC.

Principal Place of Business

1607 PONCE DE LEON BLVD  
CORAL GABLES FL 33134  
US

Mailing Address

1607 PONCE DE LEON BLVD  
CORAL GABLES FL 33134  
US

2. Principal Place of Business

9300 S. DADELAND BLVD

3. Mailing Address

9300 S. DADELAND BLVD

Suite, Apt. #, etc.

413

Suite, Apt. #, etc.

413

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33156

Country

Zip

33156

Country

4. FEI Number

65-0063076

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

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

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 NAME STREET ADDRESS CITY-ST-ZIP	DPS PAIZ, FERNANDO 1607 PONCE DE LEON BLVD CORAL GABLES FL 33134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAIZ, CARLOS 2150 N.W. 70TH AVE MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAIZ, RODOLFO 2150 N.W. 70TH AVE MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SERRA, ISABEL 2150 N.W. 70TH AVE MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAIZ, SERGIO 2150 N.W. 70TH AVE MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9300 S. DADELAND BLVD #413 MIAMI FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9300 S. DADELAND BLVD #413 MIAMI FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9300 S. DADELAND BLVD #413 MIAMI FL 33156
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

FERNANDO PAIZ 3/19/01 305 670 9292

Date

Daytime Phone #

CR2E034 (10/00)