

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90176 014 ***150.00

DOCUMENT # K18877

1. Entity Name
CARLSAN USA CORP.

Principal Place of Business
145 MADEIRA AVENUE
STE. 310
CORAL GABLES FL 33134

Mailing Address
145 MADEIRA AVENUE
STE. 310
CORAL GABLES FL 33134



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1320 So. Dixie Hwy.
Suite 280
Coral Gables, FL
33140

3. Mailing Address

1320 So. Dixie Hwy.
Suite 280
Coral Gables, FL
33140

4. FEI Number **65-0038317**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SANCHEZ DE VARONA, RAUL J PA
RAUL J. SANCHEZ DE VARONA
145 MADEIRA AVE, STE. 310
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

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

1320 So. Dixie Hwy, Suite 280

City **Coral Gables**

FL

Zip Code

33140

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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SALGUERO, ANNE	
STREET ADDRESS	145 MADEIRA AVENUE, STE. 310	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	SALGUERO, STEPHEN	
STREET ADDRESS	145 MADEIRA AVENUE, STE. 310	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SALGUERO, LINDA	
STREET ADDRESS	145 MADEIRA AVENUE, STE. 310	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SALGUERO, RICARDO	
STREET ADDRESS	145 MADEIRA AVENUE, STE. 310	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SALGUERO, JEFFREY	
STREET ADDRESS	145 MADEIRA AVENUE, STE. 310	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SALGUERO, SUZANNE	
STREET ADDRESS	145 MADEIRA AVENUE	
CITY-ST-ZIP	CORAL GABLES FL 33134	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Address
STREET ADDRESS	1320 So. Dixie Hwy, Ste. 280
CITY-ST-ZIP	Coral Gables, FL 33140
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Address
STREET ADDRESS	1320 So. Dixie Hwy, Ste. 280
CITY-ST-ZIP	Coral Gables, FL 33140
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Address
STREET ADDRESS	1320 So. Dixie Hwy, Ste. 280
CITY-ST-ZIP	Coral Gables, FL 33140
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Address
STREET ADDRESS	1320 So. Dixie Hwy, Ste. 280
CITY-ST-ZIP	Coral Gables, FL 33140
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Address
STREET ADDRESS	1320 So. Dixie Hwy, Ste. 280
CITY-ST-ZIP	Coral Gables, FL 33140

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/02

Date

305-667-7733

Daytime Phone #

CR2E034 (9/01)