

2002 UNIFORM BUSINESS REPORT (UBR)

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

03-14-2002 90075 040 ***158.75

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DOCUMENT # K33589

1. Entity Name
CARLSET, CORP.

Principal Place of Business

% AMBROSIO FRANQUE
 7621 SW 95 AVE..
 MIAMI FL 33173

Mailing Address

% AMBROSIO FRANQUE
 7621 SW 95 AVE..
 MIAMI FL 33173



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

JOSE MIR

3. Mailing Address

JOSE MIR

Suite, Apt. #, etc.

5401 COLLINS AVE #128

Suite, Apt. #, etc.

5401 COLLINS AVE #128

City & State

MIAMI BEACH FLORIDA

City & State

MIAMI BEACH FLORIDA

Zip

33140

Country

USA

Zip

33140

Country

USA

4. FEI Number **65-0517585**

Applied For
 Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MIR, JOSE
7621 SW 95 AVE.
MIAMI FL 33173

7. Name and Address of New Registered Agent

Name **JOSE MIR**

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

5401 COLLINS AVE #128

MIAMI BEACH, FLORIDA

City

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

JOSE MIR

PRESIDENT

2/21/02

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

TITLE **VP** ☒ Delete
 NAME **FRANQUE, AMBROSIO**
 STREET ADDRESS **7621 SW 95 AVE.**
 CITY-ST-ZIP **MIAMI FL**

TITLE **P** ☐ Delete
 NAME **MIR, JOSE**
 STREET ADDRESS **7621 SW 95TH AVE**
 CITY-ST-ZIP **MIAMI FL**

TITLE **ST** ☐ Delete
 NAME **MIR, NEYDA**
 STREET ADDRESS **7621 SW 95 AVE.**
 CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME **DECEASED**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME **MIR, JOSE**
 STREET ADDRESS **5401 COLLINS AVE #128**
 CITY-ST-ZIP **MIAMI BEACH, FL 33140**

TITLE ☒ Change ☐ Addition
 NAME **ST MIR, NEYDA**
 STREET ADDRESS **5401 COLLINS AVE. #128**
 CITY-ST-ZIP **MIAMI BEACH, FL 33140**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

JOSE MIR

2/21/02

305-318-6662

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)