

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

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90174 050 \*\*\*150.00

**DOCUMENT # L21229**

1. Entity Name  
**CARONTE ENTERPRISES, INC.**



Principal Place of Business  
**% OSVALDO N. SOTO000**  
**2151 LEJEUNE ROAD, SUITE 310**  
**CORAL GABLES FL 33134**

Mailing Address  
**% OSVALDO N. SOTO000**  
**2151 LEJEUNE ROAD, SUITE 310**  
**CORAL GABLES FL 33134**



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 **65-0198602**

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

**SOTO, OSVALDO N.**  
**2151 LEJEUNE ROAD, SUITE 310**  
**CORAL GABLES FL 33134**

Name

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

City

**FL**

Zip Code

8. The undersigned hereby certifies that the information furnished herein is true and correct to the best of his knowledge and belief, and that he is familiar with, and accepts the responsibility for, the information furnished herein 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 responsibility for, the information furnished herein.

SIGNATURE

Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD**  
**SOTO, OSVALDO N.**  
**2151 LE JEUNE ROAD, #310**  
**CORAL GABLES FL**

☐ Delete

TITLE  
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☐ Change ☐ Addition

12. 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 10 or Block 11 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

**1-9-03 (305)567-0010**

Date

Daytime Phone #

CR2E034 (10/02)