

2002 UNIFORM BUSINESS REPORT (UBR)

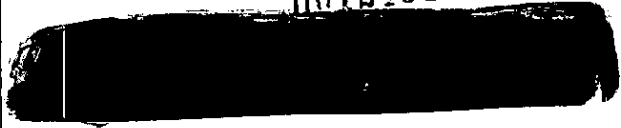
06-11-2002 90396 010 ****150.00
L34840

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R0124941



DO NOT WRITE IN THIS SPACE

DOCUMENT # **L34840**

1. Entity Name
CARMENATE AND ASSOCIATES INC.

(P)

Principal Place of Business
**6447 MIAMI LAKES DR E
SUITE 201
MIAMI LAKES FL 33014**

Mailing Address
**6447 MIAMI LAKES DR E
SUITE 201
MIAMI LAKES FL 33014**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0159989

Applied For
Not Applicable

Zip Country Zip Country

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

**CARMENATE, PEDRO
402 NW 32ND CT
MIAMI FL 33125**

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: _____ (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	D	<input type="checkbox"/> Delete
NAME	CARMENATE, CECILIA	
STREET ADDRESS	402 NW 32ND CT	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARMENATE, PEDRO	
STREET ADDRESS	402 NW 32ND CT	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

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****400.00 ****400.00

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]* **Pedro Carmenate**

[Handwritten numbers]
3058254823
3053215411

CR2E034 (9/01)