## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED **DOCUMENT # M03938** May 08, 2000 8:00 am **Secretary of State** A.L. CARTA, INCORPORATED 05-08-2000 90119 032 \*\*\*150.00 Mailing Address Principal Place of Business 13334 POLO CLUB ROAD 13334 POLO CLUB ROAD # 339 WEST PALM BEACH FL 33414-7230, Fig. 150 WEST PALM BEACH FL 33414-7242 2. Principal Place of Business Mailing Address DO NOT WRITE IN THIS SPACE : Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2447198 Not Applicable Country Zip Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MARTIN, GERALD A. Street Address (P.O. Box Number is Not Acceptable) 1201 U.S., HIGHWAY ONE **SUITE 215** 305 **WEST PALM BEACH FL 33408** for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named e SIGNATURE (NOTE: Registered Agent signature required when reinstating) ed agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. Bresident / a rector Addition DP TITLE TITLE Delete Vivian L. Carta NAME CARTA, ALVARO L. NAME STREET ADDRESS STREET ADDRESS 13334 POLO CLUB ROAD CITY-ST-ZIP CITY-ST-7IP WEST PALM BEACH FL 33414-7230 ☐ Addition Change ☐ Delete TITLE TITLE SANCHEZ, VIVIAN NAME STREET ADDRESS 13334 POLO CLUB ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP WEST PALM BEACH FL 33414-7230 ☐ Change ☐ Addition TITLE ☐ Delete NAME IGLESIAS: JORGE NAME STREET ADDRESS 13334 POLO CLUB ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33414-7230 ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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