

4/2/

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Aug 06, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90953 044 \*\*\*\*61.25

**DOCUMENT # N01000001290**

1. Entity Name

**CARNAVALES DE ORIENTE, INC.**

Principal Place of Business

Mailing Address

9950 SW 104TH ST.  
MIAMI FL 331769950 SW 104TH ST.  
MIAMI FL 33176

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

65-1100250

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

MILA, PABLO  
9950 SW 104TH ST.  
MIAMI FL 33176

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees****Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PO	<input type="checkbox"/> Delete
NAME	Mila, Pablo J	
STREET ADDRESS	8342 SW 5th St.	
CITY-ST-ZIP	Miami FL 33144	

TITLE	VP	<input type="checkbox"/> Delete
NAME	Martinez, Fernando	
STREET ADDRESS	PO Box 450522	
CITY-ST-ZIP	Miami FL 33145	

TITLE	TO	<input type="checkbox"/> Delete
NAME	Mila, Nancy	
STREET ADDRESS	8342 SW 5th St.	
CITY-ST-ZIP	Miami FL 33144	

TITLE	SD	<input type="checkbox"/> Delete
NAME	Martinez, Celia	
STREET ADDRESS	PO Box 450522	
CITY-ST-ZIP	Miami FL 33145	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 617, 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 (Pablo J Mila)

3/6/02

305-223-1970

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)