

FILED

Jun 09, 2003 8:00 am  
Secretary of State

04-28-2003 91455 042 \*\*\*\*61.25

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N01000001290

1. Entity Name

CARNAVALES DE ORIENTE, INC.



Principal Place of Business

~~9950 SW 104TH ST.~~ 8410 W. Flagler St  
~~MIAMI FL 33149~~ Suite 214 B  
Miami, FL 33144

Mailing Address

Same

44003714

2. Principal Place of Business

8410 W. Flagler St (214 B)

3. Mailing Address

Same

☒ CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.

214 B

Suite, Apt. #, etc.

City &amp; State

Miami, FL

City &amp; State

4. FEI Number 65-1100250

Applied For

Not Applicable

Zip

33144

Country

USA

Zip

Country

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent:

MILA, PABLO  
9950 SW 104TH ST.  
MIAMI FL 33178

7. Name and Address of New Registered Agent:

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signatures required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to FeesMake Check Payable to  
Florida Department of State

## 10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MILA, PABLO J	
STREET ADDRESS	8342 SW 5TH STREET	
CITY-ST-ZIP	MIAMI FL 33144	

TITLE	VP	<input type="checkbox"/> Delete
NAME	MARTINEZ, FERNANDO	
STREET ADDRESS	P.O. BOX 450522	
CITY-ST-ZIP	MIAMI FL 33145	

TITLE	TD	<input type="checkbox"/> Delete
NAME	MILA, NANCY	
STREET ADDRESS	8342 SW 5TH STREET	
CITY-ST-ZIP	MIAMI FL 33144	

TITLE	SD	<input type="checkbox"/> Delete
NAME	MARTINEZ, CELIA	
STREET ADDRESS	P.O. 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	no change	
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VP - TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael Milla	
STREET ADDRESS	8342 SW 5TH	
CITY-ST-ZIP	Miami, FL 33144	

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

TITLE	Secretary - TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nancy Milla	
STREET ADDRESS	8342 SW 5TH	
CITY-ST-ZIP	Miami, FL 33144	

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/03

Date

305-223-1470

Daytime Phone #

CR2E037 (10/02)