

2000 UNIFORM BUSINESS REPORT (UBR)

4

DOCUMENT # N99000003748

1. Entity Name

CARNAVALES SANTIAGUEROS, INC.

FILED
May 23, 2000 8:00 am
Secretary of State

04-21-2000 90097 021 ****61.25

Principal Place of Business	Mailing Address
10250 SW 28TH ST MIAMI FL 33165	10250 SW 28TH ST MIAMI FL 33165-2855

2. Principal Place of Business	3. Mailing Address
8496 SW 8th St. Suite, Apt. #, etc. 8470	P.O. Box 557914 Suite, Apt. #, etc.

City & State	City & State	4. FEI Number	Applied For
Miami, FL 33155	Miami, FL	65-090-1526	Not Applicable
Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
33155	Miami-Dade	<input type="checkbox"/>	



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PUJOL, JOSE H 10250 SW 28TH ST MIAMI FL 33165	Name Jose R. Llaurodo Street Address (P.O. Box Number is Not Acceptable) 4410 W Flagler St. #108 City Miami FL Zip Code 33126

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 *Jose H. Pujol* DATE *4-15-2000*
Signature typed or printed name of registered agent and title applicable. (NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Jose R. Llaurodo 4410 West Flagler St. #106 Miami, FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-Treasurer Roman Sequeiros 5820 SW 108 Pl. Miami, FL 33173 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Marta Tolentino 9450 SW. 26 Drive Miami, FL 33165 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Cordinator Rosita Coca 8025 SW. 19St. Miami, FL 33155 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Lidia Vinent 6840 SW.29 St. Miami, FL 33155 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Jacinto Cervino 8049 W 18th Lane Hialeah, FL 33014 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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

4-15-2000 305-221-3346

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)