

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000000 147

1. Entity Name

CARREFUL INTERNATIONAL, INC.

Principal Place of Business

3040 S.W. 132 AVE.
MIAMI, FL. 33175

Mailing Address

3040 SW 132 AVE.
MIAMI, FL. 33175

2. Principal Place of Business

SAME

3. Mailing Address

Suite, Apt. #, etc.

City & State

MIAMI, FL.

City & State

Zip

Country

MIAMI-DADE

6. Name and Address of Current Registered Agent

ANA BARRIOS ROCA
12345 S.W. 18th St. #302
MIAMI, FL. 33175

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

4. FEI Number

65-0982467

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

DO NOT WRITE IN THIS SPACE

659885

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 Changing)

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, 2000 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

TITLE	DP	☐ Delete
NAME	Juan N. Ramirez	
STREET ADDRESS	3040 SW 132 Ave	
CITY- ST- ZIP	Miami, FL. 33175	
TITLE	DS	☐ Delete
NAME	Nohora Fortich	
STREET ADDRESS	3040 SW 132 Ave.	
CITY- ST- ZIP	Miami, FL. 33175	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ Change ☐ Addition
NAME	
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Juan N. Ramirez

Juan Ramirez - President

4/15/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR