

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000035882

1. Entity Name

CARMAR U S A CORP.

FILED

Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90076 028 ***150.00

Principal Place of Business

15031 S.W. 143RD STREET
MIAMI FL 33196

Mailing Address

15031 S.W. 143RD STREET
MIAMI FL 33196

2. Principal Place of Business

3. Mailing Address

10415 SW 154 Ct.

10415 SW 154 Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33196

Country

USA

Zip

33196

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1082774

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

PEREZ, JORGE

15031 S.W. 143RD STREET
MIAMI FL 33196

Name

Alejandro Monterrosa

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

10415 SW 154 Ct.

#6

City

Miami

FL

Zip Code

33196

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

Alejandro Jose Monterrosa

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/26/01

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	PEREZ, JORGE	
STREET ADDRESS	15031 S.W. 143RD STREET	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	CANAS, ALEX	
STREET ADDRESS	15031 S.W. 143RD STREET	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Alejandro Monterrosa	
STREET ADDRESS	10415 SW 154 Court. #6	
CITY-ST-ZIP	Miami, FL 33196	
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		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Alejandro Jose Monterrosa

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alejandro Monterrosa
President.

Date

2/26/01

Daytime Phone #

(305) 302-5615

CR2E034 (10/00)