## 2002 UNIFORM BUSINESS REPORT (UBR)

## **FILED** May 07, 2002 8:00 am Secretary of State P00000046957 DOCUMENT # 1. Entity Name CARMEN MARKET, INC. 05-07-2002 90362 049 \*\*\*150.00 Principal Place of Business Mailing Address 1186 N.W. 103RD STREET 1186 N.W. 103RD STREET **MIAMI FL 33150** MIAMI FL 33150 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1008470 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SHEHADEH, ASAD Y Street Address (P.O. Box Number is Not Acceptable) 1080 S.W. 4TH STREET HOMESTEAD FL 33030 City 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) :9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITI F Addition SHEHADEH, ASAD Y NAME NAME STREET ADDRESS 1080 S.W. 4TH STREET STREET ADDRESS **HOMESTEAD FL 33030** CITY-ST-ZIF CITY-ST-ZIP TITLE X Delete TITLE ☐ Change ☐ Addition SHE NAME NAME STREET ADDRESS 150 STREET ADDRESS CITY-ST-7IP MIAMI FL 33179 ·CITY-ST-ZIP TITLE ☐ Delete Change XX Addition NAME MESAD Y SHEHADEH NAME STREET ADDRESS 1080 S.W. 4TH ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Homestead, FL 33030 ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 ampowered to exempte 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 add

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SIGNATURE:

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