

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000104420

1. Entity Name

CARMONA ENTERPRISES, INC.

FILED

May 01, 2001 8:00 am
Secretary of State

05-01-2001 90089 018 ***150.00

Principal Place of Business

Mailing Address

301 CLEMATIS ST., STE. 3000
WEST PALM BEACH FL 33401

301 CLEMATIS ST., STE. 3000
WEST PALM BEACH FL 33401

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Ocean Ridge FL

Zip

Country

Zip

Country

33435

US

4. FEI Number

65-1064322

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

KAPLAN, JONATHAN R
301 CLEMATIS ST., STE. 3000
WEST PALM BEACH FL 33401

Name

Fernando Carmona

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

6780 N Ocean Blvd

City

Ocean Ridge

FL

Zip Code

33435

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

Fernando Carmona Pres

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

(NOTE: Registered Agent signature required when reinstating)

4-25-2001

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, 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 PD ☐ Delete
NAME CARMONA, FERNANDO W
STREET ADDRESS 6780 N. OCEAN BLVD.
CITY-ST-ZIP OCEAN RIDGE FL 33435

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-2001

561 248-0777

CR2E034 (10/00)