

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000111619

1. Entity Name

Carpio Construction, Inc.

Principal Place of Business

Mailing Address

5725 Makoma Dr.
Orlando, FL 32839

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3685338

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

Victor Carpio
5725 Makoma Dr.
Orlando, FL 32839

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)

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 ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
President
Carpio, Victor
5725 Makoma Dr.
Orlando, FL 32839

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
Vice-President
Del Valle, Elva
5725 Makoma Dr.
Orlando, FL 32839

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

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-12/05/01--01033-002
****150.00 ****150.00

☐ Change ☐ Addition

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MW

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:

11/15/01 m bayle

10/15/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)

FILED

01 NOV 13 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10/2

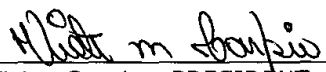
CARPIO CONSTRUCTION, INC.

October 15, 2001

To whom it may concern:

Please waive me the penalty for not filing my Uniform Business Report on time. I had not paid because I did not received any report or notice and this is the first year that I have a corporation , I did not know nothing about it.

Thank your for the attention,



Victor Carpio - PRESIDENT