

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

200

FILED
May 16, 2007 8:00 am
Secretary of State

05-16-2007 90015 012 ***150.00

DOCUMENT # **PO10000 10688**

1. Entity Name

CAR - MO WHITE INC

INC. 01-29-2001

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2779 NW 27 ST

3. Mailing Address

ditto

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FLA.

City & State

4. FEI Number

65-108 0032

Applied For

Not Applicable

Zip

33142

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

GEORGE CHERNOFF Assoc PA.

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

1190 SW 8 STREET

City

Miami Fla.

FL

Zip Code

33184

**DO NOT WRITE
IN THIS SPACE**

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) ☐

For January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$350.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-STATE-ZIP

**DIRE
CARLOS CARVAJAL
2779 NW 26 AVE
Mia FLA 33142**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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CITY-STATE-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Carlos A. Carvajal

Date

Daytime Phone #