

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

2009

DOCUMENT # P01000010688

1. Entity Name

CAR MO. WHITE INC
2779 NW 27 ST.
Miami FL 33142-6419

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2779 NW 27 ST.

3. Mailing Address

Little

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami

City & State

-

4. FEI Number

65-1080032

Applied For

Not Applicable

Zip

Country

33142-6419 DADE

Zip

Country

-

-

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

CARLOS CARNAJAL

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

2779 NW 26 AVE

City

Mia Fla

FL

Zip Code

33142

**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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

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 - ST - ZIP

DIR. CARLOS CARNAJAL
2779 NW 26 AVE
Mia Fla 33142

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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500155674025
05/08/09-01015-029 **150.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

Date

Daytime Phone #