FILED
Apr 17, 2003 8:00 am
Secretary of State
04-17-2003 90158 018 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000116040

1. Entity Name
CAROZA ENTERPRISES, INC.

10075683

Principal Place of Business
7440 SW 153RD COURT APT 203
MIAMI, FL 33193

Mailing Address
7440 SW 153RD COURT APT 203
MIAMI, FL 33193

2. Principal Place of Business: 220 NW 114 AVE.
Suite, Apt. #, etc.: 103
City & State: MIAMI, FL
Zip: 33172
Country:

3. Mailing Address:
Suite, Apt. #, etc.:
City & State:
Zip:
Country:

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 01-0586892 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CARCAMO, CARLOS
7440 SW 153RD COURT APT 203
MIAMI, FL 33193

7. Name and Address of New Registered Agent

Name: CARCAMO CARLOS
Street Address (P.O. Box Number is Not Acceptable): 220 NW 114 AVE. #103
MIAMI, FL
City: 33172 FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature]
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE is $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CARCAMO, CARLOS 7440 SW 153RD COURT APT 203 MIAMI, FL 33193	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CARCAMO, CARLOS 220 NW 114 AVE # 103 MIAMI, FL 33172	☐ Change ☒ Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 04/14/03 305-227-5791
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #