

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90757 017 ***150.00

DOCUMENT # PO 2000010187
1. Entity Name
SALPIFROTAS CARBELL, INC



Principal Place of Business Mailing Address
4095 SW 137 AV #12 4095 SW 137 AV #12
Miami FL 33175 Miami FL 33175



2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. 7105 SW 8 ST
309

CHECK HERE IF MAKING CHANGES

City & State City & State
Miami FL Miami FL

4. FEI Number Applied For
Not Applicable

Zip Country Zip Country
33144

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
MEJIA HUGO
4095 SW 137 AV #12
Miami FL 33175

7. Name and Address of New Registered Agent
Name 04-3395858
Street Address (P.O. Box Number is Not Acceptable)
City 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____



9. Election Campaign Financing Trust Fund Contribution. **\$5.00** Max Added to Fee

| 10. OFFICERS AND DIRECTORS | |
|---|---------------------------------|
| TITLE <u>PD</u> NAME <u>Mejia HUGO</u> STREET ADDRESS <u>4095 SW 137 AV #12</u> CITY-ST-ZIP <u>Miami FL 33175</u> | <input type="checkbox"/> Delete |
| TITLE <u>SD</u> NAME <u>Lopez Maria L</u> STREET ADDRESS <u>4095 SW 137 AV #12</u> CITY-ST-ZIP <u>Miami FL 33175</u> | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add |

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 changed, or on an attachment with an address, with all other like empowered

SIGNATURE: Hugo Mejia Hugo Mejia 4/28/03 (305) 226-3443
Date: _____