

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90211 012 ***150.00

DOCUMENT # P02000011740

1. Entity Name
CARMEL VIEWS, INC.



Principal Place of Business
**C/O NICOLAS FERNANDEZ PA
780 NW LE JEUNE ROAD SUITE 324
MIAMI FL 33126**

Mailing Address
**C/O NICOLAS FERNANDEZ PA
780 NW LE JEUNE ROAD SUITE 324
MIAMI FL 33126**

70043989



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ESQUIRE CORPORATE SERVICES, INC.
780 NW LE JEUNE ROAD SUITE 324
MIAMI FL 33126**

Name

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

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: ☐ **\$5.00** May Be
Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☒ Addition
NAME	DPS
STREET ADDRESS	Edgar E. Espejo
CITY - ST - ZIP	c/o Nicolas Fernandez, P.A. 780 NW Le Jeune Road, #324 Miami FL 33126
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 or 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT 50043889
NICOLAS FERNANDEZ, P.A. PO 2000 011740

ATTORNEYS AT LAW
780 NORTHWEST LE JEUNE ROAD
SUITE 324 • LE JEUNE CENTRE
MIAMI, FLORIDA 33126

NICOLAS FERNANDEZ
JUAN F. ALBAN

TELEPHONE (305) 461-0404
TELECOPIER (305) 461-0410

OF COUNSEL
PAMELA J. REYNOLDS, P.A.
MICHAEL ORTIZ, P.A.
JACK GECKLER, P.A.

April 16, 2003

Via U.S. Mail

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Florida 32302-1500

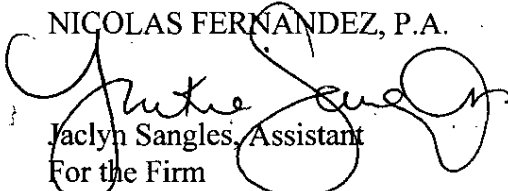
RE: CARMEL VIEWS, INC.

Dear Sir/Madam:

Enclosed herewith please find the 2003 Uniform Business Report for the above referenced corporation together with check # 115 made payable to the Florida Department of State in the amount of \$150.00 representing your fees. Of course, if you should have any questions or comments, please do not hesitate to contact this office. Thank you.

Very truly yours,

NICOLAS FERNANDEZ, P.A.


Jaclyn Sangles, Assistant
For the Firm

Enclosures