

FILED  
Feb 21, 2003 8:00 am  
Secretary of State

01-27-2003 90545 013 \*\*\*150.00

1/2

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

DOCUMENT # P02000047770

1. Entity Name

CARRIZALES, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
3380 ROYAL OAK DR NORTH

Suite, Apt. #, etc.

3. Mailing Address  
3380 ROYAL OAK DR NORTH

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
MULBERRY FL

City & State  
MULBERRY FL

4. FEI Number

33-100-3592

Applied For

Not Applicable

Zip  
33860

Country  
USA

Zip  
33860

Country  
USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Registered Agent

Name  
A1A REGISTERED AGENT, INC.

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

25 S.E. 2ND AVENUE SUITE 1036

City  
MIAMI

FL

Zip Code  
33131

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

*Paul Smith* PAUL SMITH, VICE-PRESIDENT

01-24-03

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  
PD  
JOSE CARRIZALES  
3380 ROYAL OAK DR NORTH  
MULBERRY FL 33860

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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**DO NOT WRITE  
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: *Jose Carrizales* JOSE CARRIZALES, DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-03 863-425-0236

Date

Daytime Phone #

CR2E034B (12/01)