

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90133 011 ***150.00

DOCUMENT # P02000052910

1. Entity Name
CARLOS H. TORO, INC.



Principal Place of Business
**195 LAKEVIEW DR.
SUITE 206 BLDG 20
WESTON FL 33326**

Mailing Address
**195 LAKEVIEW DR.
SUITE 206 BLDG 20
WESTON FL 33326**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

01-0688470

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WVIES, PATRICK
700 E. DANIA BEACH BLVD.
SUITE 202
DANIA FL 33004**

Name: **Ana Maria Jimenez**
Street Address (P.O. Box Number is Not Acceptable)
**195 LAKEVIEW DR.
SUITE 206, BLDG. 20
City: WESTON FL Zip Code: 33326**

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 **AGENT**
Signature typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-28-03
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☒ Delete
NAME **TORO, CARLOS**
STREET ADDRESS **195 LAKEVIEW DR., SUITE 206 BLDG 20**
CITY-ST-ZIP **WESTON FL 33326**

TITLE **President** ☒ Change ☐ Addition
NAME **Ana Maria Jimenez**
STREET ADDRESS **195 Lakeview Dr. Suite 206 Bldg 20**
CITY-ST-ZIP **Weston, FL 33326**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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 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: **President**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-03 (786) 859-1488
Date Daytime Phone #

CR2E034 (10/02)