2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000093366

1. Entity Name
CARLITOS DELI, INC.

Principal Place of Business	Mailing Address
25241 BERNWOOD DR STE 5	25241 BERNWOOD DR STE 5
BONITA SPRINGS FL 34135	BONITA SPRINGS FL 34135

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
25241 Bernwood DR. STE5
Suite, Apt. #, etc. #5
City & State: Bonita Springs Fl.
Zip: 34135 Country: Lee

3. Mailing Address
25241 Bernwood DR STE #5
Suite, Apt. #, etc. #5
City & State: Bonita Springs Fl.
Zip: 34135 Country: Lee

4. FEI Number 02-0639887 | Applied For | Not Applicable

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

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22 ST 4 FLOOR
MIAMI FL 33145

7. Name and Address of New Registered Agent

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 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

10.		11.	
TITLE PSTD NAME SANCHEZ, DANIEL STREET ADDRESS 25241 BERNWOOD DR STE 5 CITY-ST-ZIP BONITA SPRINGS FL 34135	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #