

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90173 013 \*\*\*150.00

**DOCUMENT # P93000021315**

1. Entity Name  
**CAROLINA ENTERPRISES, INC.**



Principal Place of Business  
**801 BRICKELL AVE  
8TH FLOOR PARKING LOT  
MIAMI FL 33131  
US**

Mailing Address  
**18113 SW 20TH ST.  
MIRAMAR FL 33029  
US**

2. Principal Place of Business  
**801 Brickell Ave.**

3. Mailing Address  
**18113 SW 20th St.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Miami, FL**

City & State  
**MIRAMAR, FL**

4. FEI Number **NOT APPLICABLE**

Applied For  
Not Applicable

Zip  
**33131**

Country

Zip  
**33029**

Country  
**U.S.A.**

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

## 6. Name and Address of Current Registered Agent

**VALDES, VICTOR G  
18113 SW 20TH ST.  
MIRAMAR FL 33029**

## 7. Name and Address of New Registered Agent

Name

**None.**

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 **Victor Gonzalez Valdes**

**2-6-03.**

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

TITLE **D** ☐ Delete  
NAME **GONZALEZ, VICTOR G**  
STREET ADDRESS **18113 SW 20 ST.**  
CITY-ST-ZIP **MIRAMAR FL 33029**

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  
STREET ADDRESS  
CITY-ST-ZIP **N/A**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP **N/A**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP **N/A**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP **N/A**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP **N/A**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP **N/A**

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: **Victor Gonzalez Valdes**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-6-03**

Date

**305 323 0852  
984-4301383**

Daytime Phone #

CR2E034 (10/02)