

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 06, 2003 8:00 am  
Secretary of State

02-06-2003 90060 006 \*\*\*150.00

DOCUMENT # **P94000087639**



1. Entity Name  
**CARLES MANAGEMENT, INC.**

Principal Place of Business: **8900 SW 117TH AVENUE, C-207 MIAMI FL 33186**  
Mailing Address: **13820 SW 28TH ST MIAMI FL 33175**  
*12391 SW 130 ST, Miami FL 33186*

2. Principal Place of Business: **12391 SW 130 ST.**  
3. Mailing Address: **12391 SW 130 ST**  
Suite, Apt. #, etc.

City & State: **Miami FL**  
Zip: **33186**  
Country



CHECK HERE IF MAKING CHANGES

4. FEI Number: **65-0572199**  
Applied For:  Not Applicable

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

6. Name and Address of Current Registered Agent: **CARLES, REINALDO M JR 13820 SW 28TH ST MIAMI FL 33175**  
*7245 SW 104 STREET*

7. Name and Address of New Registered Agent: Name, Street Address, City, 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: \_\_\_\_\_ DATE: \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

**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	
TITLE: <b>DPST</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>CARLES, REINALDO M JR</b>		NAME	
STREET ADDRESS: <b>13820 SW 28TH ST</b>		STREET ADDRESS	
CITY-ST-ZIP: <b>MIAMI FL 33175</b>		CITY-ST-ZIP	
TITLE: <b>VP</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>VILLASUSO, LESLIE</b>		NAME	
STREET ADDRESS: <b>13801 S W 108 AVE</b>		STREET ADDRESS	
CITY-ST-ZIP: <b>MIAMI FL 33176</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: SIGNATURE REQUIRED **2-1-03 (305) 598-9700**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (10/02)