

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90143 040 ***150.00

DOCUMENT # P94000091011

1. Entity Name
CARPAL PLANET, INC.



Principal Place of Business
7396 SW 117 AVE
MIAMI FL 33183

Mailing Address
7396 SW 117 AVE
MIAMI FL 33183

2. Principal Place of Business

3. Mailing Address

7026 SW 110 PL
Suite, Apt. #, etc.

7026 SW 110 PL
Suite, Apt. #, etc.

City & State
MIAMI FL

City & State
MIAMI FL

Zip
33173

Country

Zip
33173

Country

4. FEI Number **65-0541510**

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

LEMURA, CARLOS D
7396 SW 117 AV
MIAMI FL 33183

Name

Street Address (P.O. Box Number is Not Acceptable)
7026 SW 110 PL

City **MIAMI** **FL** **Zip Code** **33173**

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

04-19-03

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 Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **LEMURA, CARLOS D**
STREET ADDRESS **7026 SW 110 PLACE**
CITY-ST-ZIP **MIAMI FL 33173**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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** **CARLOS D LEMURA** **04-19-03** **305 596-9191**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)