

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000007270**

1. Entity Name

CAROFEL INC.**FILED**
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 90028 021 ***150.00

Principal Place of Business

Mailing Address

**5201 BLUE LAGOON DR.
SUITE 100
MIAMI FL 33126****5201 BLUE LAGOON DR.
SUITE 100
MIAMI FL 33126****445 681**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

c/o Thomas J. Skola, Esq.

Suite, Apt. #, etc.

5201 Blue Lagoon Dr., Ste 100

City & State

City & State

Miami, Florida

4. FEI Number

65-0553279

Applied For

Not Applicable

Zip

Country

Zip

Country

33126**USA**5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SKOLA, THOMAS J
5201 BLUE LAGOON DR.
SUITE 100
MIAMI FL 33126**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
PT	ALFARO DE ALBA, ELOY	5201 BLUE LAGOON DR., SUITE 100	MIAMI FL 33126	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
S	ALFARO, PATRICIA BOYD DE	5201 BLUE LAGOON DR., SUITE 100	MIAMI FL 33126	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

13. 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 11 or Block 12 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 #

CR2E034 (10/00)