

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90237 045 \*\*\*150.00

03/10/79 AV

**DOCUMENT # P95000007270**

1. Entity Name  
**CAROFEL INC.**



Principal Place of Business

~~5201 BLUE LAGOON DR.~~  
~~SUITE 100~~  
~~MIAMI FL 33126~~

Mailing Address

C/O THOMAS J SKOLA, ESQ  
~~5201 BLUE LAGOON DR., STE 100~~  
~~MIAMI FL 33126~~

2. Principal Place of Business

**501 Brickell Key Dr.**  
Suite, Apt. #, etc.  
**Suite 602**  
City & State  
**Miami FL**

3. Mailing Address

**501 Brickell Key Dr.**  
Suite, Apt. #, etc.  
**Suite 602**  
City & State  
**Miami FL**



☒ CHECK HERE IF MAKING CHANGES

Zip  
**33131** Country

Zip  
**33131** Country

4. FEI Number **65-0553279**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**501 Brickell Key Dr.**  
**Suite 602**  
City **Miami** **FL** Zip Code **33131**

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 *Thomas J Skola*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **2/5/03**

**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  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME **PT** ☐ Delete  
STREET ADDRESS **ALFARO DE ALBA, ELOY**  
CITY-ST-ZIP **5201 BLUE LAGOON DR., SUITE 100**  
**MIAMI FL 33126**

TITLE  
NAME **S** ☐ Delete  
STREET ADDRESS **ALFARO, PATRICIA BOYD DE**  
CITY-ST-ZIP **5201 BLUE LAGOON DR., SUITE 100**  
**MIAMI FL 33126**

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME ☒ Change ☐ Addition  
STREET ADDRESS **501 Brickell Key Dr. Suite 602**  
CITY-ST-ZIP **Miami FL 33131**

TITLE  
NAME ☒ Change ☐ Addition  
STREET ADDRESS **501 Brickell Key Dr. Suite 602**  
CITY-ST-ZIP **Miami FL 33131**

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

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CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
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: *SKOLA, THOMAS J*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8 April 2003** **(507) 2636066**  
Date Daytime Phone #

CR2E034 (10/02)