

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2003 8:00 am
Secretary of State

05-22-2003 90141 013 ***550.00

DOCUMENT # P95000054943

1. Entity Name
CARPARK SERVICES, INC.



Principal Place of Business
**6915 MAIN ST 228
MIAMI LAKES FL 33014**

Mailing Address
**6915 MAIN ST 228
MIAMI LAKES FL 33014**



2. Principal Place of Business

8860 SW 123 CT

Suite, Apt. #, etc.

Bldg R # 301

City & State
Miami, FL

Zip

33186

Country

Miami Dade

3. Mailing Address

3785 NW 82 AVE STE 102

Suite, Apt. #, etc.

STE 102

City & State

Miami, FL

Zip

33166

Country

Miami Dade

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0595910**

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LA HOZ, LEO D
3785 NW 82 AVE STE 102
MIAMI FL 33166**

7. Name and Address of New Registered Agent

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. 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

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 **PAGAN, MICHAEL**
STREET ADDRESS **1865 KENNEDY CAUSEWAY, UNIT PH-B**
CITY - ST - ZIP **NORTH BAY VILLAGE FL 33141**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
NAME
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)