

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

AMENDED
APPROVED
AND
FILED

DOCUMENT # **95000096120**

1. Entity Name

CARO INVESTMENTS INC.

02 JUL 18 PM 4:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12555 BISCAYNE BLVD

Suite, Apt. #, etc.

460

City & State

NORTH MIAMI, FL

Zip

33181

Country

USA.

3. Mailing Address

< SAME

Suite, Apt. #, etc.

< SAME

City & State

< SAME

Zip

SAME

Country

SAME.

4. FEI Number

65-0627365

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

IVAN CARO

Street Address (P.O. Box Number is Not Acceptable)

27 NE 148th ST

City

MIAMI

FL

Zip Code

33161

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

IVAN CARO - IVAN CARO

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

(NOTE: Registered Agent signature required when reinstating)

7/15/2002

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE

PO

NAME

IVAN CARO

STREET ADDRESS

27 NE 148th ST

CITY - ST - ZIP

MIAMI FL 33161

TITLE

SD

NAME

MARIA CARO

STREET ADDRESS

13105 Key Stone TR

CITY - ST - ZIP

NORTH MIAMI FL 33181

TITLE

TD

NAME

ALBERTO CARO

STREET ADDRESS

13105 Key Stone TR

CITY - ST - ZIP

NORTH MIAMI FL 33181

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Alain del Carmen - PRESIDENT **7/15/2002** **(305) 968-3736**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)