

FILED

May 31, 2000 8:00 am
Secretary of State

05-31-2000 90102 023 ***150.00

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000100452

1. Entity Name

CARLES Productions, Inc.

Principal Place of Business

Mailing Address

6770 INDIAN CREEK DRIVE
SUITE 7-D
MIAMI BEACH, FL 33141

SAME

2. Principal Place of Business

6770 INDIAN CREEK DR.

SUITE, APT. #, etc.
7-D

City & State

MIAMI BEACH, FL

Zip

33141

Country

MIAMI DADE

3. Mailing Address

6770 INDIAN CREEK DR.

SUITE, APT. #, etc.

SUITE 7-D

City & State

MIAMI BEACH, FL

Zip

33141

Country

MIAMI DADE

4. FEI Number

65-0719117

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AMERICA LAWYER CHARTERED
342 ALMERIA AVENUE
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name: LUIS D. NODAL

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

6770 INDIAN CREEK DR. Suite 7-D

City

MIAMI BEACH

FL

Zip Code

33141

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)

5/15/2000

DATE

FILE NOW
FEE IS \$81.259. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	LUIS D. NODAL	☐ Delete
NAME	President	
STREET ADDRESS	6770 INDIAN CREEK DR Suite 7-D	
CITY-STATE-ZIP	MIAMI BEACH, FL 33141	
TITLE	MAGALY CARLES	☐ Delete
NAME	Vice-President	
STREET ADDRESS	6770 INDIAN CREEK DR Suite 7-D	
CITY-STATE-ZIP	MIAMI BEACH, FL 33141	
TITLE	FIDEL BRISIA	☐ Delete
NAME	Secretary	
STREET ADDRESS	6770 INDIAN CREEK DR. Suite 7-D	
CITY-STATE-ZIP	MIAMI BEACH, FL 33141	
TITLE	LUIS D. NODAL	☐ Delete
NAME	President	
STREET ADDRESS	6770 INDIAN CREEK DR Suite 7-D	
CITY-STATE-ZIP	MIAMI BEACH, FL 33141	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-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 317, 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

LUIS D. NODAL

(305) 867-0283

5/16/2000

CR2E037 (9/99)