FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 20, 2002 8:00 am & Secretary of State P96000100452 DOCUMENT # 1. Entity Name CARLES PRODUCTIONS, INC. 02-20-2002 90151 044 \*\*\*150.00 Principal Place of Business Mailing Address 6770 INDIAN CREEK DR 6770 INDIAN CREEK DR SUITE 7-D SUITE 7-D MIAMI BCH FL 33141 MIAMI BCH FL 33141 2. Principal Place of Business 3. Mailing Address 2098 ALAMANDA DR. 2098 ALAHANDA DR. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Glani Fr. City & State 4. FEI Number Applied For 65-0719117 YORTH Not Applicable Country U.S.A \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NODAL, LUIS D 6770 INDIAN CREEK DR 2098 ALAMANDA DIR. Street Address (P.O. Box Number is Not Acceptable) NORTH HIAMI FL. 33181 -STE 7-D--MIAMI-BOTT FL 33141 City Zip Code FL 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. NODAL LUIS D. (P) TITLE TITLE □ Delete **NODAL. LUIS D** NAME 2098 ALAMANDA DR. NAME NORTH HIAMI FC 33181 6770 INDIAN CREEK DR SUITE 7-D STREET ADDRESS STREET ADDRESS MIAMI BCH FL 33141 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE CARLES, MAGALY CARLES, MAGALY NAME 2098 ALAMANDA DR. STREET ADDRESS 6770 INDIAN CREEK DR SUITE 7-D STREET ADDRESS MIAMI BCH FL 33141 CITY-ST-ZIP CITY-ST-ZIP NORTH MIAMI FL. 33181 ☐ Delete —— -Change ☐ Addition TITLE\_ TITLE ORIEVA FIDEL BRIEVA, FIDEL NAME NAME 2098 ALAMANDA DR. STREET ADDRESS 6770 INDIAN CREEK DR. SUITE 7-D STREET ADDRESS NORTH HIAMI FL. 33181 CITY-ST-ZIP MIAMI BCH FL 33141 CITY-ST-ZIP TITLE Change TD Delete TITLE ☐ Addition NODAL LUIS D. NODAL, LUIS D NAME NAME 6770 INDIAN CREEK DR 2098 ALAMANDA DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI BCH FL 33141 CITY-ST-ZIP NORTH MIAMI FC. 33181 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

\$4\$\$1.6\$\$1.63 1.25

CITY-ST-7IP

LUISUDECTRODAL IGNATURE AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR