

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90151 044 ***150.00

DOCUMENT # P96000100452

1. Entity Name
CARLES PRODUCTIONS, INC.

Principal Place of Business
**6770 INDIAN CREEK DR
 SUITE 7-D
 MIAMI BCH FL 33141**

Mailing Address
**6770 INDIAN CREEK DR
 SUITE 7-D
 MIAMI BCH FL 33141**



2. Principal Place of Business
2098 ALAMANDA DR.

3. Mailing Address
2098 ALAMANDA DR.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
NORTH MIAMI FL.

City & State
NORTH MIAMI FL.

4. FEI Number **65-0719117** Applied For Not Applicable

Zip **33181** Country **U.S.A.** Zip **33181** Country **U.S.A.**

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

6. Name and Address of Current Registered Agent
**NODAL, LUIS D
 6770 INDIAN CREEK DR
~~STE 7-D~~
 MIAMI BCH FL 33141**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
**2098 ALAMANDA DR.
 NORTH MIAMI FL 33181**
 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.

SIGNATURE _____ DATE _____
 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 Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NODAL, LUIS D 6770 INDIAN CREEK DR SUITE 7-D MIAMI BCH FL 33141	TITLE NAME STREET ADDRESS CITY-ST-ZIP	NODAL LUIS D. (P) 2098 ALAMANDA DR. NORTH MIAMI FL 33181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CARLES, MAGALY 6770 INDIAN CREEK DR SUITE 7-D MIAMI BCH FL 33141	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CARLES, MAGALY 2098 ALAMANDA DR. NORTH MIAMI FL 33181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S. BRIEVA, FIDEL 6770 INDIAN CREEK DR. SUITE 7-D MIAMI BCH FL 33141	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRIEVA FIDEL 2098 ALAMANDA DR. NORTH MIAMI FL 33181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NODAL, LUIS D 6770 INDIAN CREEK DR MIAMI BCH FL 33141	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NODAL LUIS D. 2098 ALAMANDA DR. NORTH MIAMI FL 33181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: Luis Nodal DATE: 02/04/02 DAYTIME PHONE: 305-867-6117
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)