FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Apr 03, 2001 8:00 am Secretary of State DOCUMENT # P9700003741 CARNIVAL PAPER INTERNATIONAL, INC. 4-03-2001 90003 045 \*\*\*150.00 Principal Place of Business Mailing Address 4718 SW 74TH AVENUE 7840 CAMINO REAL MIAMI FL 33155 SUITE P-101 818905 MIAM! FL 33143 2. Principal Place of Business 3. Mailing Address 4741 N.W. 94 Court Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0726983 Not Applicable Miami, Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 331.78 U.S.A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HOLLMAN, MONICA HOLLMAN, MONICA Street Address (P.O. Box Number is Not Acceptable) 7840 CAMINO REAL, SUITE P-101 **MIAMI FL 33143** 4741 N.W. 94 Court Zip Code MIAMI 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. VPTD Change ☐ Addition TITLE Delete VPTD HOLLMAN, MONICA NAME HOLLMAN, MONICA STREET ADDRESS 7840 CAMINO REAL, SUITE P-101 STREET ADDRESS 4741 N.W 94 Court CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33143** MIAMI FL 33178 TITLE ☐ Defete Change Addition **PSD** NAME CARVAJAL, RICARDO NAME CARVAJAL, RICARDO STREET ADDRESS 7840 CAMINO REAL, SUITE P-101 STREET ADDRESS 4741 N.W. 94 Court CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33143** MIAMI FL 33178 TITLE TITLE ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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:

Hollapin Vice-President. 03-29-01