

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000099393**

1. Entity Name

PROYECTO CARABOBO, INC.**FILED****Mar 15, 2001 8:00 am**
Secretary of State

03-15-2001 90027 012 ***150.00

Principal Place of Business

**2440 CORAL WAY
MIAMI FL 33145**

Mailing Address

**2440 CORAL WAY
MIAMI FL 33145**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0807068**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****PINO, RAUL F
2440 CORAL WAY
MIAMI FL 33145**

Name

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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	DPTS MARTINEZ, SARA 4347 CREEKSIDE BLVD KISSIMMEE FL 34744	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SARA, FRIAS MARTINEZ V 4347 CREEKSIDE BLVD KISSIMMEE FL 34744	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

512892 Attachment#
P97000099393

LAW Offices
RAUL F. PINO, P.A.
2440 Coral Way
Miami, Florida 33145

Telephone (305) 854-1904
Facsimile (305) 854-1937

March 12, 2001

Secretary of Florida
Division of Corporation
Caller Service # 1500
Tallahassee, FI 32302-1500

Re: PROYECTO CARABOBO, INC


Gentlemen:

Enclosed please find your 2001 Annual Report Forms which has been completed and duly executed by the undersigned.

Also enclosed please find our check to cover your fees in the amount of \$ 150.00.

Do not hesitate to contact us if you should need any additional information.

Sincerely yours,


RAUL F. PINO, ESQ

RFP/vv
Encl