

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90297 014 ***150.00

DOCUMENT # P98000020922

1. Entity Name
CARINTHIA CAPITAL CORPORATION



Principal Place of Business
**1400 ALABAMA AVE
SUITE 7
PALM BEACH FL 33401
US**

Mailing Address
**1400 ALABAMA AVE
SUITE 7
PALM BEACH FL 33401
US**



2. Principal Place of Business
1400 ALABAMA AVE

3. Mailing Address
1400 ALABAMA AVE

Suite, Apt. #, etc.
SUITE 7

Suite, Apt. #, etc.
SUITE 7

City & State
WEST PALM BEACH, FL

City & State
WEST PALM BEACH, FL

4. FEI Number **65-0817114**

Applied For
Not Applicable

Zip
33401

Country

Zip
33401

Country

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

**CORTES, HECTOR A
1400 ALABAMA AVE
STE 7
WEST PALM BEACH FL 33401**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **CORTES, HECTOR A**
STREET ADDRESS **400 ALABAMA AVENUE, SUITE 7**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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CITY-ST-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 607, 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 23, 2003

Date

561-714-6015

Daytime Phone #

CR2E034 (10/02)