

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**

05-31-2000 90065 021 \*\*\*150.00

DOCUMENT # **P** 98000024256

1. Entity Name  
**CARISAM CORP**

Principal Place of Business      Mailing Address:  
**20905 SW 118PL**  
**MIAMI, FL, 33177**

2. Principal Place of Business      3. Mailing Address:  
 Suite, Apt # etc      Suite, Apt # etc  
 City & State      City & State  
 Zip      Country      Zip      Country

4. FFL Number      Applied For  
**65-0823080**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**ALVARO CANCINO**  
**20905 SW 118PL**  
**MIAMI, FL, 33177**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable      (If FFL Registered Agent signature required when available)

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, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing (Inst Fund Contribution)       **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE: <b>DP</b> <input type="checkbox"/> Delete NAME: <b>ALVARO CANCINO</b> STREET ADDRESS: <b>20905 SW 118PL</b> CITY-ST-ZIP: <b>MIAMI, FL, 33177</b>	
TITLE: <b>DVP</b> <input checked="" type="checkbox"/> Delete NAME: <b>JULIO PROANO</b> STREET ADDRESS: <b>12495 SW 219 ST</b> CITY-ST-ZIP: <b>MIAMI, FL, 33170</b>	
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: 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 or without other like empowered.

SIGNATURE: *Alvaro Cancino*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00  
 DATE

Daytime Phone #