## FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P980000 24256 1. Entity Name CARISAM CORP

## **FILED** May 27, 2002 8:00 am Secretary of State

05-27-2002 90327 037 \*\*\*150.00

DO	TOIA	WRITE	IN	THIS	SPACE
	141.71	WVF111L	a e v		

<del></del>											
2. Principal Place of Business 2090 SW 118 PL  Suite. Apt. #, etc.			3. Mailing Address 20905 SW 118 PL Suite, Apt. #, etc.			DO NOT W	OUTE IN THE CE	NACE			
		Suite, Apt. ≇, etc.			DO NOT WRITE IN THIS SPACE						
MIAMI, FLORIDA		City& State F MIAMI, F	City & State FLORIDA		4. FEI Number 65-0823080			Applied For Not Applicable			
<sup>Zip</sup> 3317		<sup>219</sup> 33177	Countr	ŠA		cate of Status Desired	, L	8.75 Additional ee Required			
				7. Name and Address of Current Registered Agent							
					Name CANCIND ALVARO						
	DO NOT V		Street Address (P.O. Box Number is Not Acceptable)  20905 SW 118 PL								
	IN THIS S	F									
				CityMIAN			FL	Zip Code <b>33/77</b>			
8. The above :	named entity submits this statement	for the purpose of changing	its registero	d office or regi	stered agent, c	r both, in the State of	Florida.				
Signature _											
1 :	Signature, typed or printed name of registered age				uired when reinstatin	(d) 	DATE				
\$\frac{9}{29}\$. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)    January 1 - May 1   After May 1, F   Amended UE   Amended UE   Make Check Payable to   Make Check Payable to   After May 1   Amended UE   Amended UE   Make Check Payable to   M				e is \$550.00 10. Election Campaign Financing \$5.00 May Be							
11.	OFFICERS AN	ID DIRECTORS									
TITLE	DP.		TITLE								
NAIME			NAME STREE	REET ADDRESS							
CITY-ST-ZIP	MIAMI, FL, 33	177	CITY -	ST-ZIP							
THLE			TITLE								
NAME			NAME SIRES	T ADDRESS							
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NAME			NAM	:							

13. Thereby 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 on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIF

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP