

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

FILED
Apr 14, 2003 8:00 am
Secretary of State

03-28-2003 90055 003 ***150.00

DOCUMENT # **P98000029973**

1. Entity Name

CARRILLO SERVICES, INC.



55025033

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

840 SW 55 AVE.

3. Mailing Address

840 SW 55 AVE.

State, Apt. #, etc.

State, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MARGATE, FLORIDA

City & State

MARGATE FLORIDA

4. FEI Number

65-0834789

Applied For

Not Applicable

Zip

33068

Country

USA

Zip

33068

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

JULIO C. CARRILLO

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

840 SW 55 AV

City

MARGATE

FL

Zip Code

33068

**DO NOT WRITE
IN THIS SPACE**

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]

(NOTE: Registered Agent signature required when re-registering)

DATE

03-26-03

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$81.25

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

TITLE **D** **JULIO C. CARRILLO**
NAME
STREET ADDRESS **840 SW 55TH AV**
CITY-ST-ZIP **MARGATE FL 33068**

TITLE **D**
NAME **Julio C. Carrillo**
STREET ADDRESS **840 SW 55TH Ave**
CITY-ST-ZIP **Margate FL 33068**

TITLE
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowerment.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-26-03

Date

Daytime Phone #

954-465-3209

CR2E034B (12/02)