

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90222 046 ***150.00

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DOCUMENT # P98000046070

1. Entity Name
DEEPAK PRODUCTS, INC.

Principal Place of Business 9365 SOUTHWEST 92ND STREET MIAMI FL 33176	Mailing Address 9365 SOUTHWEST 92ND STREET MIAMI FL 33176
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **65-0855126** 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

CARLES, RICHARD A
9365 SOUTHWEST 92ND STREET
MIAMI FL 33176

Name **CARLES, RICARDO A.**
 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, 2002 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D CARLES, RICARDO A 9365 SOUTHWEST 92ND STREET MIAMI FL 33176	<input type="checkbox"/>	VIT [Blank]	<input checked="" type="checkbox"/>
D CARLES, MARIA J 9365 SOUTHWEST 92ND STREET MIAMI FL 33176	<input type="checkbox"/>	P/S/D/H [Blank]	<input checked="" type="checkbox"/>
[Blank]	<input type="checkbox"/>	[Blank]	<input type="checkbox"/>
[Blank]	<input type="checkbox"/>	[Blank]	<input type="checkbox"/>
[Blank]	<input type="checkbox"/>	[Blank]	<input type="checkbox"/>
[Blank]	<input type="checkbox"/>	[Blank]	<input type="checkbox"/>

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: *Ricardo Carles* **RICARDO A. CARLES** 4/8/02 (305) 888-6410
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)