

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 18, 2002 8:00 am
Secretary of State

08-18-2002 90127 044 ***550.00

DOCUMENT # P98000058132

1. Entity Name
CARSON & BRASCH CORPORATION

Principal Place of Business
848 BRICKELL AVE., STE. 200
MIAMI FL 33131

Mailing Address
~~8240 NW 52ND TERRACE~~
~~SUITE #516~~
MIAMI FL 33166
US

2. Principal Place of Business

3. Mailing Address
5775 Blue Lagoon Dr.
 Suite, Apt. #, etc.
Suite 230

Suite, Apt. #, etc.

City & State

City & State
Miami FL

Zip

Country

Zip
33126

Country

US

4. FEI Number **65-0903874**

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

BERLIT CORPORATE SERVICES, INC.
848 BRICKELL AVE., STE. 200
MIAMI FL 33131

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

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

TITLE **D** ☐ Delete
 NAME **ORTIZ DE MONTELLANO, JOSE M. C.**
 STREET ADDRESS **PERIFERICO SUR 4225-6TH FLR, COL. JARDINES**
 CITY-ST-ZIP **MEXICO CITY, DF MEXICO CP 14200**

TITLE **D** ☐ Delete
 NAME **ORTIZ DE MONTELLANO, CARLOS A.C.**
 STREET ADDRESS **PERIFERICO SUR 4225-6TH FLR, COL. JARDINES**
 CITY-ST-ZIP **MEXICO CITY, DF MEXICO CP 14200**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **Presidente Mazarik No. 189 col. Polanco**
 CITY-ST-ZIP **11560 Mexico City Mexico**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **Same**
 CITY-ST-ZIP **change**

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

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

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

TITLE ☐ Change ☐ 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 all other law empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-August-2002

Daytime Phone #

CR2E034 (9/01)