

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 13, 2002 8:00 am
Secretary of State

08-13-2002 90223 027 ***550.00

DOCUMENT # P98000058154

1. Entity Name
CARSON & BRASCH OF FLORIDA, INC.

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

Mailing Address
~~8240 NW 52ND TERRACE~~
~~SUITE #518~~
MIAMI FL 33168
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
USA

4. FEI Number
65-0876126

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

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☒ Change ☐ Addition
Presidente Mazarik No.188 Col. Polanco
11560 Mexico City Mexico

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

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☐ Change ☐ Addition

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:

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

07-August-2002
 Date

Daytime Phone #

CR2E034 (9/01)