

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90122 036 ***150.00

DOCUMENT # CARRILLO, Gimenez @ CARRILLO, PA
1. Entity Name # P98.000081316 ✓

Principal Place of Business 3663 SW 8 St., #214
MIAMI, FL 33135
Mailing Address

2. Principal Place of Business 3663 SW 8 St.
Suite, Apt. #, etc. Suite 214
City & State MIAMI, FL

3. Mailing Address 3663 SW 8 Street
Suite, Apt. #, etc. Suite 214
City & State MIAMI, FL
Zip 33135 **Country** DADE

4. FEI Number 65-0890013180212
☐ **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

Angel L. Gimenez
3663 SW 8 St., Suite 214
MIAMI, FL 33135

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 _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Angel L. Gimenez</u> <input type="checkbox"/> Delete <u>2971 SW 2nd Avenue</u> <u>MIAMI, FL 33129</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>FRANK CARRILLO</u> <input type="checkbox"/> Delete <u>1030 MARIPOSA Avenue</u> <u>Coral Gables, FL 33146</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>JOSE CARRILLO</u> <input type="checkbox"/> Delete <u>6860 SW 128 Street</u> <u>Pinecrest, FL 33152</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exempt on 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] **4/23/2001** **305 444-3000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)