

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000007925

1. Entity Name

CARRENO EQUIPMENT COMPANY

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90169 038 ***150.00

Principal Place of Business

Mailing Address

8639 NORTH HIMES AVENUE
 #3602
 TAMPA FL 33614

8639 NORTH HIMES AVENUE
 #3602
 TAMPA FL 33614-1634

2. Principal Place of Business

17743-D LAKE CARLTON DR.

Suite, Apt. #, etc.

3. Mailing Address

17743-D LAKE CARLTON DR.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Lutz, Florida

City & State

Lutz, Florida

4. FEI Number

59-3552193

Applied For

Not Applicable

Zip

Country

33549 USA

Zip

Country

33549 USA

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

SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134

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, 2000 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 | PSTD CARRENO, JUAN P 8639 NORTH HIMES AVENUE TAMPA FL 33614 | <input type="checkbox"/> Delete |
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|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD CARRENO, Juan P 17743-D LAKE CARLTON DR Lutz, FL 33549 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
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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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUAN PABLO CARRENO, Pres. April 27, 2000 (813) 265-0983

Date

Daytime Phone #

CR2E034 (9/99)