

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2001 8:00 am**  
**Secretary of State**  
 05-07-2001 90064 005 \*\*\*150.00

DOCUMENT # **P990000169.65**  
 1. Entity Name  
**Carela & Lopez** ✓

Principal Place of Business Mailing Address  
**1545 NW 8th terr RR**  
**Miami FL 33125**

2. Principal Place of Business 3. Mailing Address  
**20085 NE 3rd ct.**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**# 8**

City & State City & State  
**Miami FL**  
 Zip Country Zip Country  
**33179 U.S.**

4. FEI Number Applied For  
**650898920** 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  
**Julio Carela**  
**1545 NW 8th terr. RR**  
**Miami FL 33125**

7. Name and Address of New Registered Agent  
 Name **Julio Carela**  
 Street Address (P.O. Box Number is Not Acceptable) **20085 NE 3rd ct # 8**  
 City **Miami** **FL** Zip Code **33179**

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 **Julio Carela**  
 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. ☐ **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 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	TITLE	NAME	STREET ADDRESS CITY-ST-ZIP
	<b>P.D. Julio Carela</b>	<b>1545 NW 8th terr. Suite RR</b> <b>Miami FL 33125</b>		<b>P.D. Julio Carela</b>	<b>20085 NE 3rd ct # 8</b> <b>Miami FL 33179</b>
	<b>V.D. Elsa A Rivera</b>	<b>9100 NW 81st ct</b> <b>Tamara FL 33321</b>			

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 I am empowered.

SIGNATURE: **Julio Carela** **Julio Carela** 4-25-01 786-229-5924  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/100)