

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000050603

1. Entity Name

CARNEVALE, INC.

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90034 045 ***550.00

Principal Place of Business
1101 BRICKELL AVENUE
SUITE 1400
MIAMI, FLORIDA 33131

Mailing Address
1101 BRICKELL AVENUE
SUITE 1400
MIAMI, FLORIDA 33131

Principal Place of Business
607 LINCOLN ROAD
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
MIAMI BEACH, FLORIDA
Zip
33139

City & State
Zip
Country

4. FEI Number
65-0932622
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RAFAEL SANCHEZ-ABALLI, ESQ.
RAFFERTY GUTIERREZ & SANCHEZ-ABALLI, P.A.
1101 BRICKELL AVENUE, SUITE 1400
MIAMI, FLORIDA 33131

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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

FILE NOW:
FEE IS \$61.25

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

Make Check Payable to:
Department of State

OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

DIRECTOR PIERO FILPI 1101 BRICKELL AVENUE, SUITE 1400 MIAMI, FLORIDA 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR, PRESIDENT PIERO FILPI 607 LINCOLN ROAD MIAMI BEACH, FLORIDA 33139	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
DIRECTOR MANUEL PAUCAR 1101 BRICKELL AVENUE MIAMI, FLORIDA 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR, VICE PRES., SEC. MANUEL PAUCAR 607 LINCOLN ROAD MIAMI BEACH, FLORIDA 33139	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  5/25/00 (305) 608-8222

CR2E037 (9/95)