

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 08, 2000 8:00 am**  
**Secretary of State**

08-08-2000 90013 015 \*\*\*558.75

**DOCUMENT # P99000069672**

1. Entity Name  
**UNDER WRAPS CARNIVAL CORP.**

Principal Place of Business

1121 NW 29TH STREET  
 MIAMI FL 33144

Mailing Address

1121 NW 29TH STREET  
 MIAMI FL 33144

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0963019

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

CABRERA, JUAN Pablo  
 12529 SW 95TH TERRACE  
 MIAMI FL 33186

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

08/02/00

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 ☒ President/Sec. Treasurer ☐ Delete  
 NAME CABRERA, JUAN Pablo  
 STREET ADDRESS 12529 SW 95TH TERRACE  
 CITY-ST-ZIP MIAMI FL 33186

TITLE ☒ President/Sec. Treasurer ☐ Change ☐ Addition  
 NAME Cabrera, Juan Pablo  
 STREET ADDRESS 12529 SW 95th Terrace  
 CITY-ST-ZIP Miami, Fla 33186

TITLE ☒ Vice President ☐ Delete  
 NAME SHAFFAA, PAYMEN P  
 STREET ADDRESS 22314 KENWICK STREET  
 CITY-ST-ZIP WESTHILLS CA 91304

TITLE ☒ Vice President ☐ Change ☐ Addition  
 NAME Shaffa, Paymen P.  
 STREET ADDRESS 22314 Kenwick Street  
 CITY-ST-ZIP West Hills, CA 91304

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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

08/02/00 (305) 633-8586  
 Date Daytime Phone #

CR2E034 (5/00)