

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P99000110942**

1. Entity Name

**CARMEL CONSULTING INC.**

Principal Place of Business

**1740 NE 176TH ST.  
NORTH MIAMI BEACH FL 33162**

Mailing Address

**1740 NE 176TH ST.  
NORTH MIAMI BEACH FL 33162**

2. Principal Place of Business

**10088 HEATHER LAKE CT. W.  
Suite, Apt. #, etc.**

3. Mailing Address

**10088 HEATHER LAKE CT. W.  
Suite, Apt. #, etc.**

City &amp; State

**JACKSONVILLE, FLORIDA**

City &amp; State

**JACKSONVILLE, FLORIDA**Zip **32256**Country **U.S.A.**Zip **32256**Country **U.S.A.**

4. FEI Number

**65-0971282**

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**ASHCHI, MEHDI  
1740 NE 176TH ST.  
NORTH MIAMI BEACH FL 33162**

7. Name and Address of New Registered Agent

Name

**MEHDI ASHCHI**

Street Address (P.O. Box Number is Not Acceptable)

**(New  
Address  
Only)****10088 HEATHER LAKE CT. WEST**

City

**JACKSONVILLE****FL**

Zip Code

**32256**

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

**3-14-01**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  
Trust Fund Contribution, ☐**\$5.00 May Be  
Added to Fees****11. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PSD	ASHCHI, MEHDI	1740 NE 176TH ST.	NORTH MIAMI BEACH FL 33162	<input type="checkbox"/>

VPTD	ASSAF, ABDEL	1740 NE 176TH ST.	NORTH MIAMI BEACH FL 33162	<input checked="" type="checkbox"/>
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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
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**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
PVPSTD	MONA ASHCHI	10088 HEATHER LAKE CT. WEST	JACKSONVILLE, FL. 32256	<input type="checkbox"/>	<input type="checkbox"/>

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
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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
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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input 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: **MONA ASHCHI**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**3-14-01**

Daytime Phone #

**(305) 773-0548**