

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90067 048 ***158.75

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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**

U S A U U



DO NOT WRITE IN THIS SPACE

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 & State
JACKSONVILLE, FLORIDA
 Zip
32256
 Country
U.S.A.

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 Zip
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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)
10088 HEATHER LAKE CT. West
 City **JACKSONVILLE** FL Zip Code **32256**

(New Address ONLY)

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 DATE **3-14-01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVPSTD MONA ASHCHI 10088 HEATHER LAKE CT. WEST JACKSONVILLE, FL. 32256	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: DATE **3-14-01** DAYTIME PHONE # **(305) 773-0548**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)