## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Mar 20, 2000 8:00 am DOCUMENT # **V57673** 1. Entity Name **Secretary of State** CARNESA, INC. 03-20-2000 90147 035 \*\*\*150.00 Principal Place of Business Mailing Address 12651 SOUTH DIXIE HWY 12651 SOUTH DIXIE HWY SUITE 401 SUITE 401 MIAMI FL 33156 MIAMI FL 33156-5956 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0352559 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CHAMORRO, JORGE Street Address (P.O. Box Number is Not Acceptable) 14400 SW 73 AVENUE MIAMI FL 33158 Zip Code FL 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 (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees П (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Addition Change ☐ Delete TITLE RUBENSTEIN, JEFFREY I. NAME STREET ADDRESS STREET ADDRESS 96 WARREN ROAD CITY-ST-ZIP CITY-ST-ZIP TORONTO, ONT., CANADA ☐ Addition ☐ Delete TITLE TITLE FENTON, WILLIAM NAME NAME 4056 WHEELWRIGHT CRESCEN STREET ADDRESS STREET ADDRESS (-) CITY-ST-ZIP CITY-ST-ZIP MISSISSAUGA, CANADA ☐ Delete TITLE COUPRIE, LEO NAME STREET ADDRESS 14 MICHAEL COURT CITY-ST-ZIP THORNHILL, ONT, CANADA CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE ☐ Delete NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP 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)(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.

QUILLE DWILLIAM SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR