## 2001 UNIFORM BUSINESS REPORT (UBR)

## Apr 14, 2001 8:00 am Secretary of State **DOCUMENT # V71912** 1. Entity Name CARMAR ENTERPRISES, CORP. 04-14-2001 90029 024 \*\*\*158.75 Principal Place of Business Mailing Address 2665 W. ATLANTIC BLVD. 2665 W. ATLANTIC BLVD. POMPONO BEACH FL 33069 POMPONO BEACH FL 33069 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0363755 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent AJAYYHOONH ESPINOZA, MARCO RANGONWALA, AMIN M. -8335-CORAL LAKE DR. 2665 W. ATLANTIC BLUD Street Address (P.O. Box Number is Not Acce CORAL SPRINGS FL 33069- POMPANO BEACH, FL 33069 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. PRESIDENT ☐ Change Addition TITLE TITLE Pielete NAME NAME ESPINOZA, MARCO STREET ADDRESS 8335 CORAL LAKE DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CORAL SPRINGS FL** ☐ Change Addition ☐ Delete TITLE ESPINOŽE, CARMEN NAME NAME STREET ADDRESS STREET ADDRESS 8335 CORAL LAKE DRIVE CITY-ST-ZIP ~ CITY-ST-ZIP CORAL SPRINGS FL ☐ Delete Addition TITLE TITLE AMIN M. RANGONWALA 2665 W. ATLANTIC BLUD NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Delete TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 attackment with an address, with all other like empowered.

NTED NAME OF SIGNING OFFICER OR DIRECTOR