

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 02, 2003 8:00 am
Secretary of State

09-02-2003 90177 016 ***150.00

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DOCUMENT # P01000075539

1. Entity Name
CASA BELLA PROPERTIES, INC.



Principal Place of Business
2647 LEE STREET
HOLLYWOOD FL 33020

Mailing Address
2647 LEE STREET
HOLLYWOOD FL 33020

2. Principal Place of Business

2324 SE 9th St.
Suite, Apt. #, etc.

3. Mailing Address

2324 SE 9th St.
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
Pompano Beach, FL
Zip
33062
Country
USA

City & State
Pompano Beach, FL
Zip
33062
Country
USA

4. FEI Number **69-0004244**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

NIEBERG, SARAH
2647 LEE STREET
HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent

Name **Sarah Nieberg**
Street Address (P.O. Box Number is Not Acceptable) **2324 SE 9th St.**
City **Pompano Beach** **FL** **Zip Code** **33062**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD NIEBERG, SARAH 2647 LEE STREET HOLLYWOOD FL 33020	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

12. 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 10 or Block 11 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

Date

Daytime Phone #

CR2E034 (4/03)

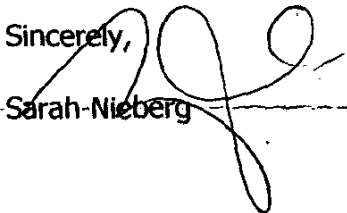
~~Attachment~~
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August 27, 2003

To Whom It May Concern:

I am a relatively new business, and did not receive any prior notification in 2003 regarding the payment of renewal of my business- Casa Bella Properties, Inc. I have recently received notice regarding a \$550.00 renewal fee. I am enclosing the standard \$150.00 as I did not receive any notification in May and am hoping you will accept this to renew my corporation.

Sincerely,


Sarah Nieberg
