

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
 04-26-2001 90108 044 ***150.00

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DOCUMENT # P96000074392

1. Entity Name
CASA ROJA INC.

Principal Place of Business Mailing Address
6822 NW 112 AVE. **6822 NW 112 AVE.**
MIAMI FL 33178 **MIAMI FL 33178**

00002400



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0700207** Applied For
 No: Applicable

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

6. Name and Address of Current Registered Agent

GUTIERREZ, RENALDY J
601 BRICKELL KEY AVE STE 501
MIAMI FL 33131-2651

7. Name and Address of New Registered Agent

Name

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

City State Zip Code

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 re-registering) _____ DATE _____

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 GELVEZ, JAVIER 6822 NW 112 AVE. MIAMI FL 33178	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS GUTIERREZ, RENALDY J 601 BRICKELL KEY AVE STE 501 MIAMI FL	<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
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		<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, changed, or on an attachment with an address with all other like empowered.

SIGNATURE: _____ **Alon 16/04** 305 4630 714
 SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10.00)