

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90077 004 \*\*\*150.00

**DOCUMENT # K21869**

1. Entity Name  
**CASA NUEVA LINEN CORP.**

Principal Place of Business

**2269 N.W. 20TH STREET  
 MIAMI FL 33142**

Mailing Address

**2269 N.W. 20TH STREET  
 MIAMI FL 33142**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0044309**

Applied For  
 Not Applicable

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

DO NOT WRITE IN THIS SPACE



## 6. Name and Address of Current Registered Agent

**HILL, CARMEN  
 2269 N.W. 20TH STREET  
 MIAMI FL 33142**

## 7. Name and Address of New Registered Agent

Name **GONZALEZ, CARMEN**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2269 N.W. 20TH ST**  
 City **MIAMI** FL Zip Code **33142**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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, 2002 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 **PSD**  
 NAME **HILL, CARMEN**  
 STREET ADDRESS **2269 N.W. 20TH STREET**  
 CITY-ST-ZIP **MIAMI FL 33142**

☐ Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSD**  
 NAME **GONZALEZ, CARMEN**  
 STREET ADDRESS **2269 N.W. 20TH ST**  
 CITY-ST-ZIP **MIAMI FL 33142**

☒ Change ☐ Addition

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☐ Change ☐ 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: *Carmen Hill* **PRESIDENT** **1-10-02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)