

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000013563

FILED

1. Entity Name

CASA BELLA INTERNATIONAL STUDIO, LLC

01 SEP -7 PM 12:17

Principal Place of Business

717 PONCE DE LEON BLVD. #310
CORAL GABLES FL 33134

Mailing Address

717 PONCE DE LEON BLVD. #310
CORAL GABLES FL 33134

2. Principal Place of Business

16300 NE 19th Av.

Suite, Apt. #, etc.

Suite 203

City & State

North Miami Beach

Zip

33162

Country

USA

3. Mailing Address

717 Ponce de Leon Blvd

Suite, Apt. #, etc.

310

City & State

coral Gables

Zip

33134

Country

USA



DO NOT WRITE IN THIS SPACE

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4. FEI Number

65-105-3171

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DUNKLEY, LINDSAY

717 PONCE DE LEON BLVD. #310
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

Mariliza M Cardenas

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

16300 NE 19th Av. Suite 203

Executive Center

City

North Miami Beach

FL

Zip Code

33162

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

6/29/01

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS

TITLE NAME ☐ Delete
President Mariliza M. Cardenas
STREET ADDRESS 16300 NE 19th Av. Suite 203
CITY-ST-ZIP North Miami Beach 33162

TITLE NAME ☐ Delete
Vice President Carlos C. Forato
STREET ADDRESS 16300 NE 19th Av. Suite 203
CITY-ST-ZIP North Miami Beach 33162

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 400004603564-4
CITY-ST-ZIP -03/21/01-01012-004
*****50.00 *****50.00

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

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

Mariliza M. Cardenas

07/11/01

305.461-4460

STAPLE CHECK HERE

CR2E083 (5/01)

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