

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90005 033 ****50.00

DOCUMENT # L00000013563

1. Entity Name

CASA BELLA INTERNATIONAL STUDIO, LLC

Principal Place of Business

**16300 N.E. 19TH AVE., STE. 203
 NORTH MIAMI BEACH FL 33162**

Mailing Address

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

2. Principal Place of Business

16300 NE 19th Ave

3. Mailing Address

717 PONCE DE LEON BLVD

Suite, Apt. #, etc.

STE. 221

Suite, Apt. #, etc.

STE. 310

City & State

North Miami Beach, FL

City & State

CORAL GABLES, FL

Zip

33162

Country

USA

Zip

33134

Country

USA

4. FEI Number

65-1053171

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CARDENAS, MARILIZA M
 16300 N.E. 19TH AVE., STE. 203
 NORTH MIAMI BEACH FL 33162**

7. Name and Address of New Registered Agent

Name

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

City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **P** ☐ Delete
 NAME **CARDENAS, MARILIZA M**
 STREET ADDRESS **16300 N.E. 19TH AVE., STE. 203**
 CITY-ST-ZIP **NORTH MIAMI BEACH FL 33162**

TITLE **VP** ☐ Delete
 NAME **FORATO, CARLOS E**
 STREET ADDRESS **16300 N.E. 19TH AVE., STE. 203**
 CITY-ST-ZIP **NORTH MIAMI BEACH FL 33162**

TITLE ☐ Delete
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10. ADDITIONS/CHANGES

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

TITLE ☐ Change ☐ Addition
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CR2E083 (9/01)

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:

SIGNATURE REQUIRED CARLOS FORATO

1/25/02

(305) 948-8206

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #