

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

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01-29-2003 90058 011 ****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

1900 S.W. 3RD AVE

3. Mailing Address

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip 33129

Country Dade

Zip

Country

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

717 Ponce De Leon Blvd. #310
City Coral Gables FL Zip Code 33134

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	CARDENAS, MARILIZA M	
STREET ADDRESS	16300 N.E. 19TH AVE., STE 203	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FORATO, CARLOS E	
STREET ADDRESS	16300 N.E. 19TH AVE., STE 203	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORATO, CARLOS E.	
STREET ADDRESS	1900 S.W. 3RD AVE	
CITY-ST-ZIP	Miami, FL 33129	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

SIGNATURE REQUIRED

Date

Daytime Phone #

1/16/03 (305) 9488206

CR2E083 (10/02)