

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

01-29-2003 90058 011 ****50.00

DOCUMENT # L00000013563
1. Entity Name
CASA BELLA INTERNATIONAL STUDIO, LLC



Principal Place of Business Mailing Address
~~16300 N.E. 19TH AVE., STE 203
NORTH MIAMI BEACH FL 33162~~ 717 PONCE DE LEON BLVD., #310
CORAL GABLES FL 33134

2. Principal Place of Business 3. Mailing Address
1900 S.W. 3RD AVE Suite, Apt. #, etc.
Suite, Apt. #, etc.

City & State City & State
Miami, FL
Zip 33129 Country Dade Zip Country

17.

JJ000011



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
~~CARDENAS, MARILZA M
16300 N.E. 19TH AVE., STE 203
NORTH MIAMI BEACH FL 33162~~

4. FEI Number 65-1053171 Applied For
Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

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 _____ (NOTE: Registered Agent signature required when reinstating)

DATE: 1/16/03

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>P</u> CARDENAS, MARILZA M 16300 N.E. 19TH AVE., STE 203 NORTH MIAMI BEACH FL 33162	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VP</u> FORATO, CARLOS E 16300 N.E. 19TH AVE., STE 203 NORTH MIAMI BEACH FL 33162	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>President</u> FORATO, CARLOS E. <u>1900 S.W. 3RD AVE</u> <u>Miami, FL 33129</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 1/16/03 Daytime Phone #: (305) 9488206

CR2E063 (10/02)