

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2001 8:00 am**  
**Secretary of State**

03-26-2001 90005 030 \*\*\*150.00

**DOCUMENT # M45023**

1. Entity Name

**CASA ALIETTE, INC.**

Principal Place of Business

**2734 SW 32ND CT  
 MIAMI FL 33133**

Mailing Address

**2734 SW 32ND CT  
 MIAMI FL 33133**

2. Principal Place of Business

3. Mailing Address

**4001 PINTA CT**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**CORAL GABLES FL**

4. FEI Number **59-2766121**

Applied For

Not Applicable

Zip

Country

Zip  
**33146**

Country  
**Dade**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ALVAREZ, ALIETTE  
 2734 SW 32 CT  
 MIAMI FL 33133**

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

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PVS  
 FERNANDEZ, BELKIS  
 2734 S.W. 32 CT.  
 MIAMI FL** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PVS  
 FERNANDEZ BELKIS  
 4001 PINTA CT  
 CORAL GABLES FL 33146** ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**TD  
 FERNANDEZ, BELKIS  
 2734 S.W. 32 CT.  
 MIAMI FL** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**TD  
 FERNANDEZ BELKIS  
 4001 PINTA CT  
 CORAL GABLES FL 33146** ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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

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 CITY-ST-ZIP ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/25/01 (305) 987-0336**

Date

Daytime Phone #

CR2E034 (10/00)