

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90061 033 \*\*\*\*61.25

**DOCUMENT # NO1000000426**

1. Entity Name

CASA ELIAN ASSOCIATIONS CORP.



Principal Place of Business

7111 MIAMI LAKE DR. #N-5  
MIAMI FL 33014

Mailing Address

7111 MIAMI LAKE DR. #N-5  
MIAMI FL 33014

2. Principal Place of Business

7111 MIAMI LAKE DR. #N-5

3. Mailing Address

SAME

Suite, Apt. #, etc.

# N5

Suite, Apt. #, etc.

SAME

City & State

Miami, FL

City & State

SAME

Zip

33014-6929

Country

USA

Zip

SAME

Country

SAME

4. FEI Number 57-1135301

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

VALDES, ISABEL  
3505 NW 2 STREET  
MIAMI FL 33125

7. Name and Address of New Registered Agent

Name

SAME

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

SAME

City

SAME

FL

Zip Code

SAME

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

*Isabel Valdes*

3-10-2003

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	VALDES, ISABEL	
STREET ADDRESS	3505 N.W. 2 STREET	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARTINEZ, RENALDO	
STREET ADDRESS	2158 W 60 ST	
CITY-ST-ZIP	HALEAH FL 33016	
TITLE	D	<input type="checkbox"/> Delete
NAME	RIVERON, ANTONIO	
STREET ADDRESS	2232 NW 2 ST	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE	D	<input type="checkbox"/> Delete
NAME	GALA, OSCAR DAMASO	
STREET ADDRESS	1340 SW 129 AVE.	
CITY-ST-ZIP	MIAMI FL 33184	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Isabel Valdes*

*Isabel Valdes*

3-10-2003

CR2E037 (10/02)