## 2003 FOR PROFIT CORPORATION

Mailing Address
165 W. 37TTH ST

HIALEAH FL 33012

3. Mailing Address

City & State

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Suite, Apt. #, etc.

## UNIFORM BUSINESS REPORT (UBR

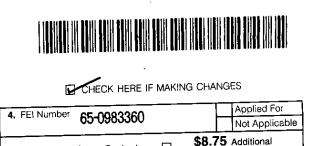
## P00000011763 **DOCUMENT #**

1. Entity Name CALA, INC.



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

02-13-2003 90239 023 \*\*\*150.00



6. Name and Address of Current Registered Agent

Country

CALA, JOESPH 165 W. 37TH ST HIALEAH FL 33012

Principal Place of Business 165 W. 37TTH ST

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

HIALEAH FL 33012

7.\_Name and Address of New Registered Agent. OSC

5. Certificate of Status Desired

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

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Fee Required

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
8. The above named entity submits this statement for the purpose of statement for the purpose of	
the obligations of registered agent.  SIGNATURE (NOTE: Registered Agent agent and title if applicable) (NOTE: Registered Agent	2-3-03
SIGNATURE Signiture, typedior printed name of registered agent and title if applicable. (NOTE: Registered A	gent signature required when reinstating) DATE
Signature, typeolor printed name or registered agent and experience	

Country

FILE NOW!!! FEE IS \$150.00 After May 1 2003 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Addition 10. Change President TITLE Delete TITLE Jose Cala NAME CALA, JOSE NAME 65 W 3 STREET ADDRESS 165 W. 37 STREET STREET ADDRESS <u> 53019</u> CITY-ST-ZIP HIALEAH FL 33012 CITY-ST-ZIP ☐ Change Addition TITLE Delete 1 PD TITLE NAME CALA, JOSEPH NÁME STREET ADDRESS 165 W. 37 STREET STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33012 CITY-ST-ZIP - Change - - Addition Delete  $\overline{SD}$ TITLE NAME CALA: GLADYS --STREET ADDRESS 165 W. 37 STREET STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33012 CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attackment with an address, with all other like empowered.

SIGNATURE:

Daytime Phone #

CR2E034 (10/02)