

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 06, 2001 8:00 am
Secretary of State

09-06-2001 90269 038 ***150.00

DOCUMENT # P00000012067

1. Entity Name

CASA CULTURA, INC.

Principal Place of Business

**19800 SW 180TH AVENUE #108
 MIAMI FL 33187**

Mailing Address

**19800 SW 180TH AVENUE #108
 MIAMI FL 33187**

2. Principal Place of Business

**801 MADRID ST
 Suite, Apt. #, etc. #3**

3. Mailing Address

Suite, Apt. #, etc.

City & State

CONAR GABLES, FL

City & State

Zip

Country

33134

Country

Country

4. FEI Number

65-0981411

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE

A0083863



6. Name and Address of Current Registered Agent

FABELO, GISELA

**~~10800 SW 180TH AVENUE #108~~ 801 MADRID ST. #3
 MIAMI FL 33187 CONAR GABLES, FL 33134.**

7. Name and Address of New Registered Agent

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 \$550.00

**After September 12, 2001 Fee will be \$750.00
 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

TITLE ☐ Delete
 NAME **PD**
 STREET ADDRESS **FABELO, GISELA**
 CITY-ST-ZIP **~~10800 SW 180TH AVENUE #108~~
 MIAMI FL 33187**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **801 MADRID ST #3**
 CITY-ST-ZIP **CONAR GABLES, FL 33134**

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

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F034 (5/01)

Attachment
A0083863

CASA CULTURA, INC.
801 MADRID ST # 3
CORAL GABLES, FL. 33134
TEL 305-444-7977
FAX 305-220-4713

Miami Florida

August 30th, 2001.

Annual Report Filings
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

RE: P00000012067

Dear Sir:


Enclosed please find my ck for the amount of \$150.00 to cover the corporate annual fees for the above corporation for the year 2000.

Please accept this payment because we did not have any communication or invoice from your department for this year, at our current address. (Please note that at this time we have a new address).

We will appreciate that you accept this payment, due to the above reason and Please change your records.

Sincerely yours.

CASA CULTURA, INC.


GISELA FABELO
President.