

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000036197

1. Entity Name

CAMASA CORPORATION

Principal Place of Business

10008 W. FLAGLER ST. B-126
MIAMI FL 33174

Mailing Address

10008 W. FLAGLER ST. B-126
MIAMI FL 33174

2. Principal Place of Business

3. Mailing Address

11 Moonachie Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

B 1

City & State

City & State

Hackensack

Zip

Country

Zip

Country

NJ

07601

6. Name and Address of Current Registered Agent

NAFA ATTORNEYS, PA
11890 S.W. 8TH STREET SUITE 500
MIAMI FL 33184

4. FEI Number

65-0993719

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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 \$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

TITLE ☐ Delete
NAME P
STREET ADDRESS DELGADO, CAPRI
CITY-ST-ZIP 517 MOONACHIE ROAD
S. HACKENSACK NJ 07606

TITLE ☐ Delete
NAME VP
STREET ADDRESS ORTIZ, MARISOL
CITY-ST-ZIP 517 MOONACHIE ROAD
S. HACKENSACK NJ 07606

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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
CITY-ST-ZIP

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

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

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/01

Date

(201) 814 0378

Daytime Phone #



DO NOT WRITE IN THIS SPACE

0218233

CR2E034 (10/00)