

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # P00000041366

1. Entity Name

D'CASAS INTERNATIONAL, INC.



03 NOV 20 AM 11:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4000 PONCE DE LEON BLVD.

3. Mailing Address
4000 PONCE DE LEON BLVD.

Suite, Apt. #, etc.

STE: 470

Suite, Apt. #, etc.

STE: 470

City & State

CORAL GABLES, FL

City & State

CORAL GABLES, FL

REINSTATEMENT

01-03

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip
33146

Country

Zip
33146

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name ANNYVIES C. LUIS

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

4000 PONCE DE LEON BLVD. STE: 470

City CORAL GABLES

FL

Zip Code
33146

**DO NOT WRITE
IN THIS SPACE**

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

ANNYVIES C. LUIS

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

(P/N/S/T/D) ANNYVIES C. LUIS
4000 PONCE DE LEON BLVD. STE: 470
CORAL GABLES, FL 33146

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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11/18/03--01048--017 **500.00

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

ANNYVIES C. LUIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2ED34B (12/02)

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS I AM SENDING TO YOU THE CORRECTED FORM ALONG WITH A CHECK PAYABLE TO THE FL DEP OF STATE, I ALSO STATE THAT I NEVER RECEIVED ANY NOTICE FROM YOUR OFFICE REGARDING THE REJECT LETTER FOR 2001. I HAVE CHANGED MY PRINCIPAL OR MAILING ADDRESS SINCE I INCORPORATED SO THIS IS WHY I PROBABLY NEVER GOT YOUR NOTICE

PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT MY CORPORATION IN ITS ACTIVE STATUS AND TO WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER.

CORDIALLY,



ANNYVIES C. LUIS
PRESIDENT