

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2001 8:00 am
Secretary of State

03-07-2001 90614 011 ***150.00

DOCUMENT # P00000051004

1. Entity Name
TU CASA ES MI CASA, INC.

Principal Place of Business
**1390 BRICKELL AVENUE SUITE 200
MIAMI FL 33131**

Mailing Address
**1390 BRICKELL AVENUE SUITE 200
MIAMI FL 33131**

2. Principal Place of Business
1520 CAPRI ST
Suite, Apt. #, etc.

3. Mailing Address
1520 CAPRI ST.
Suite, Apt. #, etc.

City & State
CORAL GABLES, FL

City & State
CORAL GABLES, FL

4. FEI Number
65-1025341

Applied For
☐ Not Applicable

Zip Country
33134 USA

Zip Country
33134 USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CASTILLO B., ALVARO
1390 BRICKELL AVENUE SUITE 200
MIAMI FL 33131**

Name
AUGUSTO ACCONCIAGIOCO

Street Address (P.O. Box Number is Not Acceptable)
1520 Capri ST.

City **CORAL GABLES** **FL** Zip Code **33134**

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

AUGUSTO ACCONCIAGIOCO

2/28/01

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Delete
NAME **D HERRERA, MANUEL**
STREET ADDRESS **1390 BRICKELL AVENUE SUITE 200**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ Change ☐ Addition
NAME **P/D AUGUSTO ACCONCIAGIOCCO**
STREET ADDRESS **1520 Capri St**
CITY-ST-ZIP **Coral Gables, FL. 33134**

TITLE ☒ Delete
NAME **D ACCONCIAGIOCO, CLARA**
STREET ADDRESS **1390 BRICKELL AVENUE SUITE 200**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ Change ☐ Addition
NAME **V-P/D RUTH M. HERRERA**
STREET ADDRESS **1520 Capri ST.**
CITY-ST-ZIP **Coral Gables, FL. 33134**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME **V-P/D ORLANDO REMOLINA**
STREET ADDRESS **1520 Capri ST**
CITY-ST-ZIP **Coral Gables, FL. 33134**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME **S/D CLARA ACCONCIAGIOCO**
STREET ADDRESS **1520 Capri St.**
CITY-ST-ZIP **Coral Gables, FL. 33134**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME **T/D MANUEL HERRERA**
STREET ADDRESS **1520 Capri ST**
CITY-ST-ZIP **Coral Gables, FL. 33134**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME **D GUISELLE REMOLINA**
STREET ADDRESS **1520 Capri ST**
CITY-ST-ZIP **CORAL GABLES, FL. 33134**

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: *Augusto Acconciagioco*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AUGUSTO ACCONCIAGIOCCO

2/28/01

Date

Daytime Phone #

CR2E034 (10/00)