

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000106296

1. Entity Name
CASA MAGALY CORPORATION

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90256 026 ***158.75

Principal Place of Business
1790 WEST 49TH STREET
SUITE 305-6
HIALEAH FL 33012-2916

Mailing Address
1790 WEST 49TH STREET
SUITE 305-6
HIALEAH FL 33012-2916

2. Principal Place of Business
1790 West 49th Street
Suite, Apt. #, etc.
305-6

3. Mailing Address
Suite, Apt. #, etc.

City & State
Hialeah, Florida

City & State

Zip
33012-2916

Country
USA

Zip

Country

4. FEI Number

☒ Applied For
☐ Not Applicable

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

VELANDIA, MARIEM G
1790 WEST 49TH STREET
SUITE 305-6
HIALEAH FL 33012-2916

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
VELANDIA, MARIEM G
1790 WEST 49TH STREET #305-6
HIALEAH FL 33012-2916 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
VP
Andrade, Luis Ariel
7235 N.W. 179th Street # 206
Miami Lakes, FL. 33015

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
VPS
Gonzalez Ramirez, Rodrigo
7235 N.W. 179th Street # 206
Miami Lakes, FL. 33015

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

Mariem Gonzalez V.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-01-2001

Date

(305)

827-6540

Daytime Phone #

CR2E034 (10/00)