

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

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90440 018 ***150.00

DOCUMENT # P01000043524

1. Entity Name

CASA CAMPESENA CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

850 South State Road 7

Suite, Apt. #, etc.

3. Mailing Address

850 South State Road 7

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Margate, Florida

City & State
Margate, Florida

4. FEI Number
65-1100942

Applied For
☐ Not Applicable

Zip
33068-2806

Country
U.S.A.

Zip
33068-2806

Country
U.S.A.

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Quintero, Diego

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

850 South State Road 7

City Margate **FL** **Zip Code** 33068-2806

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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P.
Diego Quintero
850 South State Road 7
Margate, FL 33068-2806

TITLE
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IN THIS SPACE**

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

SIGNATURE:  **Diego Quintero**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)