

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

04-01-2002 90649 041 \*\*\*150.00

0308166 AV

**DOCUMENT # P01000066291**

1. Entity Name

CASA BELLA HOME DESIGN, INC.

Principal Place of Business

2805 E OAKLAND PARK BLVD.  
 FORT LAUDERDALE FL 33306

# 338

Mailing Address

2805 E OAKLAND PARK BLVD.  
 FORT LAUDERDALE FL 33306

# 338

2. Principal Place of Business

Suite, Apt. #, etc.  
 # 338

3. Mailing Address

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE FL

Zip  
 33306

Country

U.S.A.

City & State

FL, 33306

Zip

Country

4. FEI Number

65-1123747

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

MARUJO, TANIA  
 2805 E OAKLAND PARK BLVD.  
 FORT LAUDERDALE FL 33306

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, 2002 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 D  
 NAME HUBER, ANA  
 STREET ADDRESS 2805 E OAKLAND PARK BLVD.  
 CITY-ST-ZIP FORT LAUDERDALE FL 33306 # 338 ☐ Delete

TITLE D  
 NAME MARUJO, TANIA  
 STREET ADDRESS 2805 E OAKLAND PARK BLVD.  
 CITY-ST-ZIP FORT LAUDERDALE FL 33306 # 338 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ~~ANA~~  
 NAME ~~ANA~~  
 STREET ADDRESS ~~ANA~~  
 CITY-ST-ZIP ~~ANA~~ ☐ Addition

TITLE ~~ANA~~  
 NAME ~~ANA~~  
 STREET ADDRESS ~~ANA~~  
 CITY-ST-ZIP ~~ANA~~ ☐ Addition

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

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

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

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)(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:

*ANA HUBER*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/02

as4.

568-3858

Date

Daytime Phone #

CR2E034 (9/01)