## 2002 UNIFORM BUSINESS REPORT (UBR)

**SIGNATURE:** 

## Apr 30, 2002 8:00 am Secretary of State P01000069403 **DOCUMENT #** 1. Entity Name 04-30-2002 90216 018 \*\*\*150.00 O. CASANOVA ENTERPRISES INC. Principal Place of Business Mailing Address 4271 W 11TH CT. 4271 W 11TH CT. HIALEAH FL 33012 HIALEAH FL 33012 2. Principal Place of Business 3. Mailing Address 12121 SW 193 TERR SAME Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #. etc. Applied For City & State 4. FEI Number City & State Not Applicable MIAMI, FLA MIAMI FLA 65-1146425 Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 33177 USA USA 33177 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HECTOR J.MONTERO ALFONSO, OSCAR Street Address (P.O. Box Number is Not Acceptable) 12121 SW 193 TERR 4271 W 11TH CT. HIALEAH FL 33012 Zip Code MIAMI 33177 statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entit SIGNATURE name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) :9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be . Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (9/01) TITI F TITLE X Delete PD ALFONSO, OSCAR NAME NAME HECTOR J.MONTERO 4271 W 11TH CT. STREET ADDRESS STREET ADDRESS 12121 SW 193TERR HIALEAH FL 33012 CITY-ST-ZIP CITY-ST-ZIP MIAMI, FLA. 33177 ☐ Change Addition TITLE Delete TITLE NAME PEREZ, ALEJANDRO NAME STREET ADDRESS STREET ADDRESS 4271 W 11TH CT. CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33012 Change Addition TITLE\_ Delete -∹tHt€< NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with this filing ones 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.

**FILED** 

Daytime Phone #