

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

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90059 012 ***150.00

DOCUMENT # PO1000093366

1. Entity Name

CASA D'SOL Design, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2452 Eagle Run Way

3. Mailing Address

2452 Eagle Run Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Weston, FLA

City & State
Weston, FLA

4. FEI Number

05-1137523

Applied For

Not Applicable

Zip
33327

Country
USA

Zip
33327

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

NICOLAS G. VILLAGELIA, CPA

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

1841 SW 29TH AVENUE

City

MIAMI

FL

Zip Code

33145

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Director
LAYDA SOLEDY LARA
2452 Eagle Run Way
WESTON, FLA 33327

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
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 and all other like empowered.

SIGNATURE

Typed or printed name of signing officer or director

Layda Soledy LARA

Date

4/18/2002 (904) 389-6745

Daytime Phone #

CR2E034B (12/01)