

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90083 009 ***150.00

DOCUMENT # P01000099448

1. Entity Name

KASSA NOVA - KASSA BELLA, INC.

Principal Place of Business

**18078 S W 30TH COURT
 PEMBROKE PINES FL 33029**

Mailing Address

**18078 S W 30TH COURT
 PEMBROKE PINES FL 33029**

2. Principal Place of Business

10302 N.W. So. RIVER DRIVE

Suite, Apt. #, etc.

BAY # 9

3. Mailing Address

10302 N.W. So. RIVER DRIVE

Suite, Apt. #, etc.

BAY # 9

City & State

MEDLEY, FLORIDA

City & State

MEDLEY, FLORIDA

Zip

33178

Country

U.S.A.

Zip

33178

Country

U.S.A.

4. FEI Number

65-1150719

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

ECHEGARAY, GLORIA ISEL

18078 S W 30TH COURT

PEMBROKE PINES FL 33029

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** ☐ Delete
 NAME **MORENO, LUZ DIVINA**
 STREET ADDRESS **2170 W 60TH STREET, APT. 1616**
 CITY-ST-ZIP **HIALEAH FL 33016**

TITLE **D** ☐ Delete
 NAME **ECHEGARAY, GLORIA ISEL**
 STREET ADDRESS **18078 S W 30TH COURT**
 CITY-ST-ZIP **PEMBROKE PINES FL 33029**

TITLE ☐ Delete
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 NAME
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 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/2002

Date

305-887-7077

Daytime Phone #

CR2E034 (9/01)