FILED
Jun 11, 2002 8:00 am
Secretary of State
05-13-2002 90084 049 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000101415

1. Entity Name
CASA PERU II CORP

DO NOT WRITE IN THIS SPACE

34865

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2. Principal Place of Business	3. Mailing Address
822 W. HALLANDALE BEACH BLVD	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HALLANDALE FLA	City & State
Zip: 33009 Country	Zip Country

4. FEI Number: 65-1144716 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: DAVID ALADZEME

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

3690 N 56 AVE #921

City: HOLLYWOOD FL Zip Code: 33021

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: _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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: PT / VANESA SALAS / 822 W. HALLANDALE BEACH BLVD / HALLANDALE FLA 33009	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP:
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: V.P / GADDY ALADZEME / 822 W. HALLANDALE BEACH BLVD / HALLANDALE FLA 33009	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP:
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DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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: _____ 06-26-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #