

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 DEC 15 PM 1:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 03



DOCUMENT #  P02000094166	
L. CALA INVESTMENTS U.S.A., INC	

Principal Place of Business 2080 OCEAN DRIVE APT 1103 HALLANDALE FL 33009	Mailing Address 2080 OCEAN DR APT 1103 HALLANDALE FL 33009
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country
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<input type="checkbox"/> CHECK HERE IF MAKING CHANGES
4. FEI Number 71-0901949
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  CALA, LUIS 2080 OCEAN DR., APT 1103 HALLANDALE FL 33009
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>Luis Cala Cala</i> DATE 12-04-2003
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FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD CALA LUIS 2080 OCEAN DR., APT 1103 HALLANDALE FL 33009 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.
SIGNATURE: <i>Luis Cala Cala</i> DATE 12-04-2003 DAYTIME PHONE (954) 3848565

CR2E034 (10/02)

Miami, FI November 27, 2003

Department of State  
Division of Corporations  
Uniform Business Report  
P.O. BOX 1500  
Tallahassee, FI 32302-1500

RE:

~~L. CALA INVESTMENTS U.S.A., INC.~~  
Document # P02000094166

Dear Sir or Madam:

I wish to inform you that I never received the 2003 Uniform Business Report for L. CALA INVESTMENTS U.S.A., INC, document Number P02000094166.

I have only now realized that I owe the 2003 fees, and respectfully request that L. CALA INVESTMENTS U.S.A., INC be excused from paying the some penalty.

Please find attached for filing the 2003 U B R duly completed and signed.

Many thanks for your attention.

Yours truly,



CALA LUIS  
President, L. CALA INVESTMENTS U.S.A., INC.