

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000052628

1. Entity Name

CASA DE FANTASTIC, INC.

Principal Place of Business

3495 SW 9TH AVENUE
FT. LAUDERDALE FL 33315

Mailing Address

P.O. BOX 14790
FT. LAUDERDALE FL 33302

2. Principal Place of Business

3. Mailing Address

3495 SW 9th Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Ft. Lauderdale, FL 33315

4. FEI Number

65-0607952

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUME, JOHN
1401 UNIVERSITY DR SUITE 301
CORAL SPRINGS FL 33071

Name
Blanca Garcia

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

3495 SW 9th Avenue

City

Ft. Lauderdale, FL

FL

Zip Code

33315

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 ☒

Blanca Garcia

2/12/01

Signature, if not printed name of registered agent, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its tax filing requirements and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Delete
NAME HUME, JOHN
STREET ADDRESS 1401 UNIVERSITY DR SUITE 301
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE D P ☒ Change ☐ Addition
NAME Andres Finol
STREET ADDRESS 3495 SW 9th Avenue
CITY-ST-ZIP Ft. Lauderdale, FL 33315

TITLE P ☒ Delete
NAME WALKER, CORINNE J
STREET ADDRESS 3495 SW 9TH AVENUE
CITY-ST-ZIP FT. LAUDERDALE FL 33315

TITLE VP S ☐ Change ☒ Addition
NAME Blanca Garcia
STREET ADDRESS 3495 SW-9th-Avenue
CITY-ST-ZIP Ft. Lauderdale, FL 33315

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME Asst Sec
STREET ADDRESS Jennifer Shaw
CITY-ST-ZIP 1401 University Drive #301
Coral Springs, FL 33071

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

Andres Finol

Date

Daytime Phone #

954-359-8067

0603597

CR2E034 (10/00)

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90020 033 ***150.00



DO NOT WRITE IN THIS SPACE