

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000069417

1. Entity Name
CASA BELLA REALTY, INC.

FILED
Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90073 015 ***150.00

Principal Place of Business
**2801 PONCE DE LEON BLVD.
STE. 430
CORAL GABLES FL 33134-6917
US**

Mailing Address
**4815 SAN AMARO DR.
CORAL GABLES FL 33146
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
c/o JULIO E. FERNANDEZ
2801 Ponce de Leon Blvd
STE 1000
CORAL GABLES, FL
33134-6917 **USA**

3. Mailing Address
c/o JULIO E. FERNANDEZ
2801 Ponce de Leon Blvd
STE 1000
CORAL GABLES, FL
33134-6917 **USA**

4. FEI Number **65-0608723**
Applied For
Not Applicable

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

FERNANDEZ, JULIO E
4815 SAN AMARO DRIVE
CORAL GABLES FL 33146

Name
2801 Ponce de Leon Blvd. #1000
Street Address (P.O. Box Numbers Not Acceptable)
City **CORAL GABLES, FL** Zip Code **33134-6917**

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 **JULIO E. FERNANDEZ** **President** **4/23/01**
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, 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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FERNANDEZ, JULIO E		NAME		
STREET ADDRESS	4815 SAN AMARO DRIVE		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: **JULIO E. FERNANDEZ** **President** **4/23/01** **305 445 0777**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)