

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000083520

1. Entity Name

CASA GRANDE PROPERTIES, INC.

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90011 008 ***150.00

Principal Place of Business

6355 SW 8TH ST.
MIAMI FL 33144

Mailing Address

6355 SW 8 ST
MIAMI FL 33144-4811
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0642458

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

JULIA, ROBERT
4211 W 7 LN
HIALEAH FL 33012

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, 2000 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 ☒ Delete
NAME P
STREET ADDRESS JULIA, ROBERT J
CITY-ST-ZIP 1757 W 62ND ST.
HIALEAH FL

TITLE ☐ Change ☒ Addition
NAME President
STREET ADDRESS Estere, Humberto
CITY-ST-ZIP 901 Ponce De Leon Blvd. Ste. 304
Coral Gables, FL 33134

TITLE ☐ Delete
NAME V
STREET ADDRESS ESTEVE, HUMBERTU
CITY-ST-ZIP 901 PONCE DE LEON BLVD. STE 304
CORAL GABLES FL 33134

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

TITLE ☒ Delete
NAME S
STREET ADDRESS IGLESIAS, ZELMA
CITY-ST-ZIP 2457 COLLINS AVE. APT. 1504
MIAMI BCH. FL

TITLE ☐ Change ☒ Addition
NAME Secretary
STREET ADDRESS Estere, Humberto
CITY-ST-ZIP 901 Ponce De Leon Blvd. Ste. 304
Coral Gables, FL 33134

TITLE ☒ Delete
NAME T
STREET ADDRESS VILARINO, MANUEL I
CITY-ST-ZIP 3805 SW 8TH ST.
MIAMI FL 33134

TITLE ☐ Change ☒ Addition
NAME Treasurer
STREET ADDRESS Estere, Humberto
CITY-ST-ZIP 901 Ponce De Leon Blvd. Ste. 304
Coral Gables, FL 33134

TITLE ☒ Delete
NAME S
STREET ADDRESS ZELMA, IGLESIAS
CITY-ST-ZIP 8851 NW 153 TER
MIAMI FL 33018

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

Date

Daytime Phone #

CR2E034 (9/99)