

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90375 039 ***150.00

DOCUMENT # PA60000033704

1. Entity Name
CASA IMPORTS, INC.

636995

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
CASA IMPORTS - Fort Myers

3. Mailing Address
16340 SAN CARLOS BLVD.

Suite, Apt. #, etc.
Suite 5

Suite, Apt. #, etc.
Suite #5

City & State
Fort Myers FL

City & State
Fort Myers FL

4. FEI Number
65-06A2803

Applied For
Not Applicable

Zip
33908

Country
USA

Zip
33908

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Miguel Arenillas

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

City Fort Myers Beach

FL

Zip Code
33931

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) ☒

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 President
NAME Miguel Arenillas
STREET ADDRESS 245 MADISON CT
CITY-ST-ZIP Fort Myers Beach FL 33931

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**DO NOT WRITE
IN THIS SPACE**

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:

WOM ARENILLAS MIGUEL

Date

Daytime Phone #

4-8-02 941 454-882

CR2E034B (12/01)