2004

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000063426

FILED
Mar 29, 2004 8:00 am
Secretary of State
02 20 2004 00052 040 ***1 50 00

03-29-2004 90053 048 ***150.00

1. Entity Nam	ne								
Casa Fu	urnishings, Inc	٠.	<u> </u>						
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						4402230	2		
					X.	UGAAUFF	ð		
Principal Place of Business									
3900 N.E. 1st Ave. 3900 N.E. 1			<u>1st /</u>	st Ave.					
Suite, Apt. #, etc. Suite, Apt. #, etc.						DO NOT WRITE IN 1	THIS SPAC	E	
City & Stat	е	City & State			4.	4. FEI Number Applied For			
Miami, FL		Miami, FL			65	-0768866		Not Applicable	
Zip	Country 3608 USA	Zip 33137-3608	Countr	У	5.	Certificate of Status Desired		75 Additional Required	
33137-	DO NOT WRITE IN		<u> USA</u>		7. Nai	me and Address of Current Regi			
	DONO! ING! LIN			Name					
				Santam Street Address	ntamarina, Raul et Address (P.O. Box Number is Not Acceptable)				
				9411 S	. W	55th St.			
v ^a				City			Zir	Code	
			Haio	Miami				3165	
	named entity submits this statem t the obligations of registered age		ging its re	gistered office o	r registe	red agent, or both, in the State of	Florida. I ai	m familiar with,	
and accep	tille obligations of registered age	ш.		-		•• ••			
SIGNATURE									
	Signature, typed or printed name of re	gistered agent and title if applica	able. (NOTE: Registered	Agent si	gnature required when reinstating)	D	ATE	
	nuary 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00	- 1.00 (M) 1.00 (M) - 1.00 (M) 1.00 (M)				9. Election Campaign Financin	na .	\$5.00 May Be	
	Amended UBR is \$61.25					Trust Fund Contribution.	" 🗆	Added to Fees	
	Payable to Florida Department	7	•					.,	
TITLE	OFFICERS AND D/P/S/T	DIRECTORS				Aleksania (h. 1911). Aleksania (h. 1911).			
NAME	Santamarina, R	aul	TITL.	1 73070 BT BUST					
STREET ADDRESS	9411 S.W. 55th		2077	ET ADDRESS					
CITY - ST - ZIP	Miami, FL 3316		CITY	-ST-ZIP			et, Aug		
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NAME			NAM						
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NAME STREET ADDRESS	·		NAM	Dut SHARRANA BUTTON					
CITY - ST - ZIP			2000	EET ADDRESS				11546	
TITLE			m	17 1227.4441.141 14141141		And the control of th		printer and a	
NAME			NAM	- 1 1 N 1/18 11 - 4				(fire)	
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NAME STREET ADDRESS			NAM	E Eet aodress					
CITY - ST - ZIP			. 11	-ST-ZIP					
12. I hereby o	ertify that the information supplied	with this filing does not aug			ad in Se	ction 119.07(3)(i). Florida Statutes	lfurthers	ertify that the	
informatio	n indicated on this report or suppl	emental report is true and a	ccurate ai	nd that my signa	ture sha	ill have the same legal effect as if	made unde	er oath: that I am	
an officer	or director of the corporation of the	e receiver or trustee empow	ered to ex	ecute this repor	t as req	uired by Chapter 607, Florida Stat	utes; and th	ıat my name	

SIGNATURE: Raul Santamarina / HAND SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

305-576-5545