

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000098851

1. Entity Name

BANCASA, INC.

**FILED**  
**May 12, 2000 8:00 am**  
**Secretary of State**

05-12-2000 90004 016 \*\*\*150.00

Principal Place of Business

5914 JOHNSON ST  
 HOLLYWOOD FL 33021  
 US

Mailing Address

5914 JOHNSON ST  
 HOLLYWOOD FL 33021-5638  
 US

2. Principal Place of Business

10050 NW 6th Court.

3. Mailing Address

10050 NW 6th Court.

Suite, Apt. #, etc.  
 Bay 11.

Suite, Apt. #, etc.  
 Bay 11.

City & State

Pembroke Pines, FL

City & State

Pembroke Pines

Zip  
 33024

Country  
 US

Zip  
 33024

Country  
 US



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0798180

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

JARAMILLO, JUAN P  
 1509 MEADOWS BLVD  
 WESTON FL 33327

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 D ☐ Delete  
 NAME JARAMILLO, JUAN P  
 STREET ADDRESS 1509 MEADOWS BLVD  
 CITY-ST-ZIP WESTON FL 33327

TITLE VICE-President ☐ Change ☒ Addition  
 NAME Juan Carlos GAVIRIA  
 STREET ADDRESS 5333 COLLINS AV. Penthouse 9.  
 CITY-ST-ZIP Miami Beach, FL 33140.

TITLE V ☒ Delete  
 NAME CASANOVA, DAMARIS  
 STREET ADDRESS 1527 PALERMO DR  
 CITY-ST-ZIP WESTON FL 33327

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

TITLE ☐ Delete  
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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)