

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000037868**

1. Entity Name

**CASA CERRUTI INT. LIMITED, INC.**

**FILED**  
**Jan 26, 2000 8:00 am**  
**Secretary of State**

01-26-2000 90205 037 \*\*\*150.00

Principal Place of Business

**314 LAKE CREST CT.  
WESTON FL 33326**

Mailing Address

**325 LAKE VIEW DRIVE  
BLDG 39-204  
WESTON, FL 33326-1365**

2. Principal Place of Business

**1960-1 N. COMMERCE PKWAY**

3. Mailing Address

**1960-1 N. COMMERCE PKWAY**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**WESTON FL**

City & State

**WESTON FL**

Zip

**33326**

Country

**BROWARD**

Zip

**33326**

Country

**BROWARD**

4. FEI Number

**65-0930666**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**ARDILA, ALBERTO  
325 LAKE VIEW DR  
BLDG 39-204  
WESTON FL 33326**

7. Name and Address of New Registered Agent

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

TITLE **DVPT** ☐ Delete  
NAME **CERRUTI, FAUSTO**  
STREET ADDRESS **CALLE D RES. AHOMA PH7, SANTA ROSE DE LIMA**  
CITY-ST-ZIP **CARACAS, VENEZUELA**

TITLE **DPS** ☐ Delete  
NAME **ARDILA, ALBERTO**  
STREET ADDRESS **325 LAKEVIEW DR BLDG 39-204**  
CITY-ST-ZIP **WESTON FL 33326**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ \*  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ \*  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ \*  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ \*  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ \*  
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:

**ALBERTO ARDILA**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**PRESIDENT** **1/20/00** **(904) 384-2375**  
Date Daytime Phone