

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90631 017 ***150.00

DOCUMENT # P99000036643
1. Entity Name
 CASA DI CONTRA CORP.

Principal Place of Business 3051 NW 75 AVE MIAMI FL 33122
Mailing Address 3051 NW 75 AVE MIAMI FL 33122 ✓

2. Principal Place of Business 38760 SW 212 AVE
3. Mailing Address
 Suite, Apt. #, etc.

City & State FLORIDA CITY, FL
City & State
Zip 33034 **Country** MIAMI DADE

4. FEI Number 52-2180654
Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 TOMLINSON, RENEE
 3051 NW 75 AVE
 MIAMI FL 33122

7. Name and Address of New Registered Agent
Name Tomas Rivera
Street Address (P.O. Box Number is Not Acceptable)
 3051 NW 75 Ave
City MIAMI **FL** **Zip Code** 33122

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 *Tomas Rivera* **DATE** 5-7-2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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 NAME	<input checked="" type="checkbox"/> Delete
TOMLINSON RENEE	
STREET ADDRESS	3051 NW 75 AVE
CITY-ST-ZIP	MIAMI FL 33122
TITLE NAME	<input checked="" type="checkbox"/> Delete
EARL, SHEILA	
STREET ADDRESS	3051 NW 75 AVE
CITY-ST-ZIP	MIAMI FL 33122
TITLE NAME	<input type="checkbox"/> Delete
LUIS A. Pacheco	
STREET ADDRESS	38760 SW 212 Ave
CITY-ST-ZIP	Miami FL 33166
TITLE NAME	<input type="checkbox"/> Delete
TITLE NAME	<input type="checkbox"/> Delete
TITLE NAME	<input type="checkbox"/> Delete
TITLE NAME	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
Tomas Rivera	
STREET ADDRESS	3051 NW 75 Ave
CITY-ST-ZIP	MIAMI FL 33122
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Tomas Rivera* **DATE** 6-1-2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)