

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 24, 2000 8:00 am
Secretary of State

08-24-2000 90034 019 ***550.00

DOCUMENT # P99000040391

1. Entity Name
ESTRELLAMUNDO OF CALIFORNIA, INC.

Principal Place of Business

~~P O BOX 561126~~
~~MIAMI FL 33256-1125~~

Mailing Address

~~P O BOX 561126~~
~~MIAMI FL 33256-1125~~

00080764



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4441 COLLINS AVE

Suite, Apt. #, etc.

910 CLUB TROPICAL

City & State

MIAMI BEACH FL

Zip

33140

Country

USA

3. Mailing Address

4441 COLLINS AVE

Suite, Apt. #, etc.

910 CLUB TROPICAL

City & State

MIAMI BEACH FL

Zip

33140

Country

USA

4. FEI Number

65-0921639

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

HKE&F REGISTERED AGENT CORP.
2601 S BAYSHORE DR, SUITE 600
MIAMI FL 33133

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 **PD** ☐ Delete
 NAME **GIBBONS, BARRY J**
 STREET ADDRESS **P O BOX 561126**
 CITY-ST-ZIP **MIAMI FL 33256-1125**

TITLE **D** ☐ Delete
 NAME **CACHALDORA, JOSE**
 STREET ADDRESS **P O BOX 561126**
 CITY-ST-ZIP **MIAMI FL 33256-1125**

TITLE **TD** ☐ Delete
 NAME **CACHALDORA, ALEX**
 STREET ADDRESS **PO BOX 561126**
 CITY-ST-ZIP **MIAMI FL 33256-1125**

TITLE **VSD** ☐ Delete
 NAME **KLEIN, DAVID**
 STREET ADDRESS **P O BOX 561126**
 CITY-ST-ZIP **MIAMI FL 33256-1125**

TITLE **VD** ☐ Delete
 NAME **MCCBRIDE, PAT**
 STREET ADDRESS **P O BOX 561126**
 CITY-ST-ZIP **MIAMI FL 33256-1125**

TITLE **VD** ☐ Delete
 NAME **CURRAIS, JORGE**
 STREET ADDRESS **P O BOX 561126**
 CITY-ST-ZIP **MIAMI FL 33256-1125**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
 NAME
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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 **Jose Cachaldora**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/18/00
 Date

305-672-7469
 Daytime Phone #