

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **99000059518**

1. Entity Name
Casablanca Distribution of Florida Inc.

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90030 044 ***150.00

Principal Place of Business
**1111 Kane Concourse
Suite 204
Bay Harbor Islands
FL 33154**

Mailing Address
**1111 Kane Concourse
Suite 204**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-0952844

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**Rubeta, Ignacio G.
6255 Bird Road
Miami FL 33155**

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	President	<input type="checkbox"/> Delete
NAME	DORADO CARLOS	
STREET ADDRESS	1111 Kane Concourse Suite 204	
CITY-ST-ZIP	Bay Harbor Islands, FL 33154	
TITLE	Vice-President	<input type="checkbox"/> Delete
NAME	Pizzorni, Luis	
STREET ADDRESS	1111 Kane Concourse, Suite 204	
CITY-ST-ZIP	Bay Harbor Islands FL 33154	
TITLE	Vice-President	<input type="checkbox"/> Delete
NAME	DORADO Gabriela P.	
STREET ADDRESS	1111 Kane Concourse Suite 204	
CITY-ST-ZIP	Bay Harbor Islands FL 33154	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Marques, Miguelos PAEZ	
STREET ADDRESS	1111 Kane Concourse Suite 204	
CITY-ST-ZIP	Bay Harbor Islands FL 33154	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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

05/02/00

Date

305-865-1775

Daytime Phone #

CR2E034 (9/99)