

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2002 8:00 am
Secretary of State

01-21-2002 90007 032 ***150.00

DOCUMENT # P990000059518

1. Entity Name
CASABLANCA DISTRIBUCION OF FLORIDA, INC.

Principal Place of Business
1111 KANE CONCOURSE, SUITE 204
BAY HARBOR ISLANDS FL 33154

Mailing Address
1111 KANE CONCOURSE, SUITE 204
BAY HARBOR ISLANDS FL 33154



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite 410

Suite, Apt. #, etc.

Suite 410

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

7. Name and Address of New Registered Agent

ZULUETA, IGNACIO G
6255 BIRD RD
MIAMI FL 33155

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **DORADO, CARLOS F**
STREET ADDRESS **1111 KANE CONCOURSE, SUITE 204**
CITY-ST-ZIP **BAY HARBOR ISLANDS FL 33154**

TITLE **PO** ☒ Change ☐ Addition
NAME **Dorado Carlos**
STREET ADDRESS **1111 Kane Concourse Suite 410**
CITY-ST-ZIP **Bay Harbor Islands FL 33154**

TITLE **VD** ☒ Delete
NAME **PIZZORNI, LUIS**
STREET ADDRESS **1111 KANE CONCOURSE, SUITE 204**
CITY-ST-ZIP **BAY HARBOR ISLANDS FL 33154**

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

TITLE **VD** ☐ Delete
NAME **DORADO, GABRIELLA P**
STREET ADDRESS **1111 KANE CONCOURSE, SUITE 204**
CITY-ST-ZIP **BAY HARBOR ISLANDS FL 33154**

TITLE **VD** ☒ Change ☐ Addition
NAME **Dorado Gabriella P.**
STREET ADDRESS **1111 Kane Concourse # 410**
CITY-ST-ZIP **Bay Harbor Islands FL 33154**

TITLE **ST** ☐ Delete
NAME **MARRQUES, MILAGROS C**
STREET ADDRESS **1111 KANE CONCOURSE, SUITE 204**
CITY-ST-ZIP **BAY HARBOR ISLANDS FL 33154**

TITLE **ST** ☒ Change ☐ Addition
NAME **Milagros Perez M.**
STREET ADDRESS **1111 Kane Concourse # 410**
CITY-ST-ZIP **Bay Harbor Islands FL 33154**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 #

01/08/02 (305) 865 1775

CR2E034 (9/01)