

DOCUMENT # P99000078747

1. Entity Name

CASABELA INTERNATIONAL REALTY INC.

01-24-2001 90016 014 ***150.00

Principal Place of Business	Mailing Address
1276 SW 17 TERRACE MIAMI FL 33145	409 EAST SAN MARINO DRIVE MIAMI BEACH FL 33139

2. Principal Place of Business 3910 W. FLAGLER ST.	3. Mailing Address
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Suite, Apt. #, etc. SUITE 100	Suite, Apt. #, etc.
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City & State miami, FLORIDA	City & State
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Zip	Country	Zip	Country
33134	DADE		

4. FEI Number 65-0946916	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

GIL, CARLOS JR
409 EAST SAN MARINO DRIVE
MIAMI BEACH FL 33139

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 _____

<p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/></p>	<p align="center">FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State</p>	<p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
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[illegible][illegible]

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: Carlos H. [Signature] 01/10/01 305-534-4466
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)