

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 91312 038 \*\*\*150.00

**DOCUMENT # P99000095551**

1. Entity Name

**CASA MORADA, INC.**

Principal Place of Business

**4210 BRAGANZA STREET  
 COCONUT GROVE FL 33133**

Mailing Address

**4210 BRAGANZA STREET  
 COCONUT GROVE FL 33133**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

**136 Madeira Rd**

Suite, Apt. #, etc.

City & State

City & State

**ISLAMORADA FL**

4. FEI Number **65-0977512**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33036**

**33036**

**USA**

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

**POSSCHELLE, ANNE  
 4210 BRAGANZA STREET  
 COCONUT GROVE FL 33133**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P POSSCHELLE, ANNE 4210 BRAGANZA STREET COCONUT GROVE FL 33133</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP PARIENTE, ROBERT 1541 BRICKELL AVENUE UNIT #407 MIAMI BEACH FL 33129</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD POSSCHELLE, GUY 4210 BRAGANZA STREET COCONUT STREET FL 33133</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

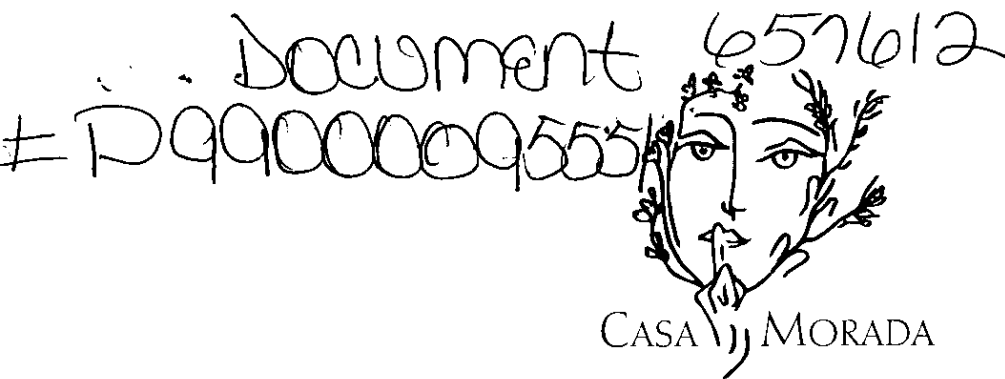
**5-9-01**

Date

**305-664-8044**

Daytime Phone #

CR2E034 (10/00)



May 9, 2001

Dept. of State  
Division of Corporations  
Uniform Business Report Filings  
PO Box 1500  
Tallahassee, FL 32302-1500

RE: Document # P99000095551

To whom it may concern:

Pursuant to my conversation with Robin at your office, she asked that I put this in writing to you.

Enclosed please find our check in the amount of \$150.00 for our annual business report. I am asking that you please waive the late fees as I was out of the country and have been for several months now. Upon my returning, I brought this to our Hotel in the Keys for payment. As this is the first time that we had this form mailed to us, I did not know of the filing dates. I can assure you that this will never happen again as I have changed the mailing address to the hotel itself. This way if I am out of the country or out of the area, the bill can be paid in a most timely manner.

Once again, please except this letter as an apology on my part as for not filing on time. Please waive the late fee and I assure you this will never happen again.

Thank you for your consideration of this matter and your time.

Sincerely,

Anne Poschelle