

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000103585

1. Entity Name

CASA MORALES INTERNATIONAL, INC.

FILED

Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90445 027 ***150.00

00031823



DO NOT WRITE IN THIS SPACE

Principal Place of Business

19655 EAST COUNTRY CLUB DR.
6603
AVENTURA FL 33180

Mailing Address

1140 W 50TH STREET
SUITE 207-A
HIALEAH FL 33012

2. Principal Place of Business

19601 E. COUNTRY CLUB DR.

3. Mailing Address

19601 E. COUNTRY CLUB DR.

Suite, Apt. #, etc.

APT 607

Suite, Apt. #, etc.

APT 607

City & State

AVENTURA, FL 33180

City & State

AVENTURA, FL

Zip

Country

33180

USA

Zip

Country

33180

USA

4. FEI Number

65-0965839

Applied For

Not Applicable

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

MORALES, MOISES

1140 W 50TH STREET SUITE 207-A
HIALEAH FL 33012

Name

MORALES, MOISES

Street Address (P.O. Box Number is Not Acceptable)

19601 E. COUNTRY CLUB DR. STE 607

City

AVENTURA

FL

Zip Code

33180

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

3/19/01

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
PSTD
MORALES, MOISES
19601 EAS COUNTRY CLUB #607
AVENTURA FL 33180 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

3/19/01

Date

Daytime Phone #

CR2E034 (10/00)