2001 UNIFORM BUSINESS REPORT (UBR)

May 04, 2001 8:00 am Secretary of State DOCUMENT # P99000106520 1. Entity Name CASA BELLA INTERNATIONAL, INC. 05-04-2001 90025 043 ***150.00 Principal Place of Business Mailing Address 601 BRICKELL KEY DRIVE SUITE 705 601 BRICKELL KEY DRIVE SUITE 705 970008 MIAM! FL 33131 MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number PPLIED FOR 65-1 Not Applicable Zip Country **\$8.75** Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DE LA PENA, VILLANUEVA & BAJANDAS LLP Street Address (P.O. Box Number is Not Acceptable) 601 BRICKELL KEY DRIVE SUITE 705 MIAMI FL 33131 . 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. cado SIGNATURE DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (10/00) Addition Change **PSD** TITLE Delete TIT! F NAME HINOJOSA, CAROLA NAME 601 BRICKELL KEY DR STE 705 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33131** ☐ Addition ☐ Change Delete TITLE TITLE BAJANDAS, RICARDO NAME NAME 601 BRICKELL KEY DR STE 705 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/8 MIAMI FL 33131 ☐ Addition Change ☐ Detete DIRE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITL F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE

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.

CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS