FILED
Apr 02, 2002 8:00 am
Secretary of State
04-02-2002 90973 037 ***150.00

2002 · **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

B0057564

DOCUMENT # S 15478

1. Entity Name
CALA INTERNATIONAL, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
700 BILTMORE WAY	C/O MARCOS REGO
Suite, Apt. #, etc. 1112	Suite, Apt. #, etc. 717 PONCE DE LEON BLVD #325
City & State CORAL GABLES FL	City & State CORAL GABLES FL
Zip 33134 Country U.S.	Zip 33134 Country U.S.

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0244521 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: MARCOS REGO.

Street Address (P.O. Box Number is Not Acceptable): 717 PONCE DE LEON BLVD #325

City: CORAL GABLES FL Zip Code: 33134

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when changing)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☑

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE D NAME HOVELMONT, ARMANDO STREET ADDRESS 700 BILTMORE WAY 1112 CITY-ST-ZIP CORAL GABLES FL 33134		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 3/25/02 Date 305-447-9984 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR