

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0042126 AV

DOCUMENT # **S15478**

1. Entity Name
CALA INTERNATIONAL, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 AUG -7 AM 8:00

Principal Place of Business
**700 BILTMORE WAY
SUITE 1112
CORAL GABLES FL 33134**

Mailing Address
**717 PONCE DE LEON BLVD
#325
CORAL GABLES FL 33134
US**

2. Principal Place of Business

3. Mailing Address
8374 NW 64 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.
JP 246

City & State

City & State
Miami, FL

Zip

Country

Zip
33166

Country
USA

4. FEI Number **65-0244521**

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES *mrd*



6. Name and Address of Current Registered Agent

**MARCOS H. REGO
717 PONCE DE LEON BLVD
#325
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name **CLARA HOUELLEMONT**

Street Address (P.O. Box Number is Not Acceptable)
8374 NW 64 ST

JP 246

City **Miami**

FL

Zip Code
33166

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

August 5, 2003

DATE

FILE NOW!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **HOUELLEMONT, ARMANDO**
STREET ADDRESS **700 BILTMORE WAY #1112**
CITY-ST-ZIP **CORAL GABLES FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
200022131792
08/07/03--01053--002 **\$50.00

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

August 4, 2003

Date

Daytime Phone #

CR2E034 (4/03)