

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2001 8:00 am
Secretary of State

02-21-2001 90197 024 ***150.00

626027

DO NOT WRITE IN THIS SPACE

DOCUMENT # <u>S16392</u>				<p>FILED Feb 21, 2001 8:00 am Secretary of State 02-21-2001 90197 024 ***150.00</p> <p style="font-size: 24pt; margin-top: 20px;">626027</p> <p>DO NOT WRITE IN THIS SPACE</p>	
1. Entity Name <u>CALA ENTERPRISES, INC</u>					
Principal Place of Business <u>700 BILTMORE WAY</u> <u>STE 1112</u> <u>CORAL GABLES FL 33134</u> <u>US.</u>		Mailing Address <u>717 PONCE DE LEON BLVD</u> <u>SUITE 325</u> <u>CORAL GABLES FL 33134</u> <u>US.</u>			
2. Principal Place of Business Suite, Apt. #, etc. <u>325</u>		3. Mailing Address City & State <u>CORAL GABLES FL</u>			
City & State <u>CORAL GABLES FL</u>		4. FEI Number <u>65-0244510</u>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip <u>33134</u>		Country <u>US.</u>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <u>MARCOS REGO</u> <u>717 PONCE DE LEON BLVD</u> <u>SUITE 325</u> <u>CORAL GABLES FL 33134</u>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input checked="" type="checkbox"/> (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. <input type="checkbox"/> \$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	<input type="checkbox"/> Delete <u>MOVILE MONT, ARMANDO</u> <u>700 BILTMORE WAY 1112</u> <u>CORAL GABLES FL 33134</u>		<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>2/16/01</u> Daytime Phone # _____		

CR2E034 (11/00)