FILED
Apr 02, 2002 8:00 am
Secretary of State
04-02-2002 90973 040 ***150.00

2002 · FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S 16392

1. Entity Name
CALA ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE

B0057561

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	4. FEI Number	
700 BILTMORE WAY	c/o MARCOS REGO	65-0244510	Applied For / Not Applicable
Suite, Apt. #, etc.: STE 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.	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 reinstating)

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