

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0042886 AV

DOCUMENT # **S16392**

1. Entity Name
CALA ENTERPRISES, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 AUG -7 AM 8:00

Principal Place of Business
**700 BILTMORE WAY
STE. 1112
CORAL GABLES FL 33134
US**

Mailing Address
**C/O MARCOE REGO
717 PONCE DE LEON SW # 325
CORAL GABLES FL 33134
US**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
**8374 NW 64 St
JP 246
Miami, FL
33166 USA**

☒ CHECK HERE IF MAKING CHANGES

MRS

4. FEI Number **65-0244510**
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**MARCOS REGO
717 PONCE DE LEON SW
SUITE 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
Miami, FL 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]* **August 4, 2003**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|-------------------------------|-------------------------------|------------------------------|---------------------------------|
| | D HOUELLEMONT, ARMANDO | 700 BILTMORE WAY #1112 | CORAL GABLES FL 33134 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|---------------------|-----------------------------|---------------------------------|-----------------------------------|
| | | 300022131783 | 08/07/03--01053--001 | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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 another like empowered.

SIGNATURE:

[Signature]
SIGNATURE REQUIRED

August 4, 2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)