

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**  
 04-30-2001 90433 025 \*\*\*150.00

**DOCUMENT # S50585**

1. Entity Name

**CASA MARUBI INC.**

Principal Place of Business

**7009 S.W. 9TH STREET  
 MIAMI FL 33174  
 US**

Mailing Address

**9740 SOUTHWEST 123RD STREET  
 MIAMI FL 33176**

2. Principal Place of Business

**9740 SW 123 Street**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Miami FL**

City & State

Zip

**33176**

Country

**USA**

Country

4. FEI Number

**65-0269463**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**CASTILLO, ZENaida  
 896 SW 70 AVENUE  
 MIAMI FL 33144**

7. Name and Address of New Registered Agent

Name

**JACK BRASINGTON**

Street Address (P.O. Box Number is Not Acceptable)

**9740 SW 123 Street**

City

**Miami**

Zip Code

**33176**

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 **JACK BRASINGTON**

**OWNER (president)**

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

(NOTE: Registered Agent signature required when reinstating)

DATE:

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (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. ☐

**\$5.00 May Be  
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CASTILLO, ZENaida</b>	
STREET ADDRESS	<b>350 SW 67 AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>LIMA, ADELA</b>	
STREET ADDRESS	<b>4801 EAST 8 LANE</b>	
CITY-ST-ZIP	<b>HIALEAH FL</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>JACK BRASINGTON</b>	
STREET ADDRESS	<b>9740 SW 123 ST</b>	
CITY-ST-ZIP	<b>Miami FL 33176</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>CANTILLO BRASINGTON</b>	
STREET ADDRESS	<b>9740 SW 123 ST</b>	
CITY-ST-ZIP	<b>Miami FL 33176</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/25/2001**

**305-884-8332**

Date

Daytime Phone #

CR2E034 (10/00)