

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90182 039 ***150.00

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1. Entity Name
CASSISI ENTERPRISES, INC.



Principal Place of Business
3518 DUNES VISTA DR
POMPANO BEACH FL 33069

Mailing Address
~~3518 DUNES VISTA DR~~
~~POMPANO BEACH FL 33069~~



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

3. Mailing Address
7777 GLADES RD
Suite, Apt. #, etc.
STE 209
City & State
BOCA RATON, FL
Zip
33434
Country
US

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
MAHONEY, ROBERT F
~~3801 NORTH FEDERAL HIGHWAY~~
~~POMPANO BEACH FL 33064~~

4. FEI Number **65-0837218**
Applied For
Not Applicable

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

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
7777 GLADES ROAD
SUITE 209
City **BOCA RATON** FL Zip Code **33434**

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:  (NOTE: Registered Agent signature required when reinstating)

DATE: **4/2/03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASSISI, GINA 3801 NORTH FEDERAL HIGHWAY POMPANO BEACH FL 33064	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 OF SIGNING OFFICER OR DIRECTOR

DATE: **4/2/03** DAYTIME PHONE #: **561-451-9990**

CR2E034 (10/02)