

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2001 8:00 am
Secretary of State

09-12-2001 90013 041 ***550.00

DOCUMENT # P99000108445

1. Entity Name
CASA MAHARLIKA, INCORPORATED

Principal Place of Business

**85354 SR 54 WEST
 ZEPHYRHILLS FL 33541**

Mailing Address

**85354 SR 54 WEST
 ZEPHYRHILLS FL 33541**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**35354 SR 54 WEST
 SUITE, APT. #, ETC.
 ZEPHYRHILLS
 CITY & STATE
 FLORIDA**

3. Mailing Address

**35116 DOLPHIN LK. DR.
 SUITE, APT. #, ETC.
 ZEPHYRHILLS
 CITY & STATE
 FLORIDA**

4. FEI Number

59-3618272

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

Zip **33541**

Country **PASCO**

Zip **33541**

Country **PASCO**

6. Name and Address of Current Registered Agent

**MALUBAY, ROGELIO A
 35116 DOLPHIN LAKE DRIVE
 ZEPHYRHILLS FL 33541**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Numbers Not Acceptable)

City

FL

Zip Code

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

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 | COBP | <input type="checkbox"/> Delete |
| NAME | MALUBAY, ROGELIO | |
| STREET ADDRESS | 35116 DOLPHIN LAKE DRIVE | |
| CITY-ST-ZIP | ZEPHYRHILLS FL 33541 | |
| TITLE | ST | <input type="checkbox"/> Delete |
| NAME | MACROHON, ALICIA | |
| STREET ADDRESS | 35116 DOLPHIN LAKE DR | |
| CITY-ST-ZIP | ZEPHYRHILLS FL 33541 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
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| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
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| 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 | | |
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| 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 FOR REGISTERED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-5-01

CR2E034 (5/01)