

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91218 034 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **FL F01 00000 3785** ✓
 1. Entity Name
ANKASA ENTERPRISE INC

DO NOT WRITE IN THIS SPACE

2. Mailing Address
5 NE 2nd ST
Delray Bch
FL 33444
USA

3. Mailing Address
5 NE 2nd ST
Delray Bch
FL 33444
USA

DO NOT WRITE IN THIS SPACE

4. Certificate of Status Desired ☐ **88 04 95567**
 Applied For
 Not Applicable
 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 **Clara Casella**
 Street Address **4251 Brandon DR**
Delray Bch
 City **FL** Zip **33444**

6. The above named entity certifies this document for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE **Clara Casella** **CLARA CASELLA** **5/01/02**
 Signature (Type or printed name of registered agent, if applicable) DATE

8. This corporation is eligible to satisfy its intangible tax filing requirements and elects to do so.
 (See criteria on back) ☒

9. This corporation is eligible to satisfy its intangible tax filing requirements and elects to do so.
 (See criteria on back) ☒

10. Election Campaign Financing
 Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	President ROBERT CASELLA 4251 Brandon DR Delray Bch, FL 33444
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Vice President Clara Casella Same address as above
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report of a taxpayer's 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; that the receiver or trustee answered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 or on an attachment with it, in bold, italicized, or otherwise emphasized.

SIGNATURE **Clara Casella** **CLARA CASELLA** **5/01/02**

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CR20348 (12/01)