FILED
Mar 10, 2003 8:00 am
Secretary of State
03-10-2003 90135 032 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000004106

1. Entity Name
CasaClub International, Inc.

DO NOT WRITE IN THIS SPACE

90045469

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1920 E HALLANDALE BCH BLVD	1920E. HALLANDALE BCH BLVD
Suite, Apt. #, etc. 509	Suite, Apt. #, etc. 509
City & State HALLANDALE, FL	City & State HALLANDALE, FL
Zip 33009 Country USA	Zip 33009 Country USA

4. FEI Number 65-1093635 ☐ 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 DANIEL BENGIO
Street Address (P.O. Box Number is Not Acceptable) 2525 N STATE ROAD 7
SUITE 115
City HOLLYWOOD **FL** Zip Code 33021

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]
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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	P	TITLE	
NAME	ISAAC ZERBIB	NAME	
STREET ADDRESS	1920 E HALLANDALE BCH BLVD., #509	STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE, FL 33009	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] President 02/27/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #