

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90107 032 ***150.00

DOCUMENT # 217897

1. Entity Name

CALIBRIN CORP

Principal Place of Business

Mailing Address

9393 LAUREL GREEN DR.
 BOYNTON BCH. FL 33437

9393 LAUREL GREEN DR.
 BOYNTON BCH. FL 33437-3321

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-0855707**

Applied For
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CASCIO, SANTINO
9393 LAUREL GREEN DR.
BOYNTON BCH. FL 33437

Name _____
 Street Address (P.O. Box Number is 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-9-00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME D CORINNE, CASCIO	<input type="checkbox"/>	NAME	<input type="checkbox"/>
STREET ADDRESS 9393 LAUREL GREEN DR.		STREET ADDRESS	
CITY-ST-ZIP BOYNTON BCH. FL		CITY-ST-ZIP	
NAME PD CASCIO, SANTINO	<input type="checkbox"/>	NAME	<input type="checkbox"/>
STREET ADDRESS 9393 LAUREL GREEN DR.		STREET ADDRESS	
CITY-ST-ZIP BOYNTON BCH. FL		CITY-ST-ZIP	
NAME SD CASCIO, CARL	<input type="checkbox"/>	NAME	<input type="checkbox"/>
STREET ADDRESS 9393 LAUREL GREEN DR		STREET ADDRESS	
CITY-ST-ZIP BOYNTON BCH FL		CITY-ST-ZIP	
NAME	<input type="checkbox"/>	NAME	<input type="checkbox"/>
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
NAME	<input type="checkbox"/>	NAME	<input type="checkbox"/>
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
NAME	<input type="checkbox"/>	NAME	<input type="checkbox"/>
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

Santino Cascio
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9-00 (561)737-9085
 Date Daytime Phone #

CR2E034 (9/99)