

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 470854

1. Entity Name
CASDORE, FL., INC.



FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90138 036 ***150.00

50766 AV

Principal Place of Business
C/O BARASH & ASSOCIATES, P.A.
1140 KANE CONCOURSE
BAY HARBOR ISLAND FL 33154

Mailing Address
C/O BARASH & ASSOCIATES, P.A.
1140 KANE CONCOURSE
BAY HARBOR ISLAND FL 33154

20028214



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1569043

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARASH, A. JEFFREY
1140 KANE CONCOURSE
BAY HARBOR ISLANDS FL 33154

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

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 P
NAME CASPI, HILDA
STREET ADDRESS 5500 COLLINS AVE., 1004
CITY-ST-ZIP MIAMI BEACH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP
NAME ROSENBERGER, GERDA
STREET ADDRESS 5 ROBIN'S NEST LANE
CITY-ST-ZIP LARCHMONT, NY 0

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST
NAME ROSENBERGER, GARY
STREET ADDRESS 60 W. 10TH ST., #6-D
CITY-ST-ZIP NEW YORK NY

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-20-03 3058610067

CR2E034 (10/02)