

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State

05-03-2002 90163 006 ***150.00

DOCUMENT # 592998
 1. Entity Name
CASA DEL SPAS, INC.

Principal Place of Business Mailing Address
7919 NEW YORK AVENUE ~~**7919 NEW YORK AVENUE**~~
HUDSON FL 34667 ~~**HUDSON FL 34667**~~

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. **1105 DEER RUN PL.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
VALRICO, Florida
 Zip Country Zip Country
33594 **USA**

4. FEI Number Applied For
59-1859746 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
CRUDELE, ROCCO
7919 NEW YORK AVE (HUDSON, FL. 34667)
HUDSON FL 34667

7. Name and Address of New Registered Agent
 Name **CRUDELE, ROCCO**
 Street Address (P.O. Box Number is Not Acceptable) **1105 DEER RUN PL.**
 City **VALRICO** **FL** Zip Code **33594**

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 *Rocco R. Crudele, President* **4/18/02**
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 \$150.00
After May 1, 2002 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	CRUDELE, ROCCO	
STREET ADDRESS	7919 NEW YORK AVENUE	
CITY-ST-ZIP	HUDSON FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	CRUDELE, MADELINE	
STREET ADDRESS	7919 NEW YORK AVENUE	
CITY-ST-ZIP	HUDSON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRUDELE, ROCCO	
STREET ADDRESS	1105 DEER RUN PL.	
CITY-ST-ZIP	VALRICO, FL. 33594	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRUDELE, MADELINE	
STREET ADDRESS	1105 DEER RUN PL.	
CITY-ST-ZIP	VALRICO, FL. 33594	
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		
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: *Rocco R. Crudele, President* **4/18/02** **813-689-2774**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)