

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90041 042 ***150.00

DOCUMENT # H83729

1. Entity Name

CAISA CORPORATION

Principal Place of Business

Mailing Address

20252 HACIENDA CT
 BOCA RATON FL 33498
 US

2000 BANKS RD. STE 201 I
 MARGATE FL 33063-7746
 US

2. Principal Place of Business

3. Mailing Address

2000 BANKS RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

201-I

City & State

City & State

MARGATE FL

Zip

Country

Zip

Country

33063-7746 US

4. FEI Number

59-2649613

Applied For

Not Applied

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROMAGOSA, GEORGE E.
20252 HACIENDA CT
BOCA RATON FL 33498

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

GEORGE ROMAGOSA

2/4/2000

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 ~
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **V**
 STREET ADDRESS **PATRICIA ROMAGOSA**
 CITY-ST-ZIP **20252 HACIENDA CT**
BOCA RATON FL 33498

TITLE ☐ Change ☐ *
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **V**
 STREET ADDRESS **POSTAL, ELENA**
 CITY-ST-ZIP **PO BOX 16183 NA**
W PALM BCH FL 33416

TITLE ☐ Change ☐ *
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **ST**
 STREET ADDRESS **HAUGE, AMY**
 CITY-ST-ZIP **5240 SW 5TH ST**
MARGATE FL 33068

TITLE ☐ Change ☐ *
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **DPS**
 STREET ADDRESS **ROMAGOSA, GEORGE**
 CITY-ST-ZIP **20252 HACIENDA CT**
BOCA RATON FL 33498

TITLE ☐ Change ☐ *
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ *
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ *
 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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

GEORGE ROMAGOSA

2/4/2000

561-479-4

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #