

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2001 8:00 am**  
**Secretary of State**

04-16-2001 90257 043 \*\*\*150.00

0125647

**DOCUMENT # H83729**

1. Entity Name

**CAISA CORPORATION**

Principal Place of Business

**2400 BANKS RD  
201-I  
MARGATE FL 33063-7748  
US**

Mailing Address

**2000 BANKS RD. STE 201 I  
MARGATE FL 33063  
US**

2. Principal Place of Business

**2000 BANKS RD**

3. Mailing Address

Suite, Apt. #, etc.

**201-I**

City & State

**MARGATE FL**

City & State

Zip

**33498**

Country

**USA**

Country

4. FEI Number

**59-2649613**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

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, 2001 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 **V** ☐ Delete  
NAME **PATRICIA ROMAGOSA**  
STREET ADDRESS **20252 HACIENDA CT**  
CITY-ST-ZIP **BOCA RATON FL 33498**

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**GEORGE ROMAGOSA**

Date

**4/11/01**

Daytime Phone #

**561-477-4215**

CR2E034 (10/00)