

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2002 8:00 am**  
**Secretary of State**

0274263  
AV

**DOCUMENT # K21381**

1. Entity Name  
**CASA SERVICES, INC.**

05-07-2002 90235 020 \*\*\*150.00

Principal Place of Business      Mailing Address  
**9370 SUNSET DR A100**      **9370 SUNSET DR A100**  
**MIAMI FL 33173**      **MIAMI FL 33173**  
**US**      **US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number **65-0065624**      Applied For  
 Not Applicable

Zip      Country      Zip      Country      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

**PONS, MARTIN E.**  
**9370 SUNSET DR**  
**A100**  
**MIAMI FL 33173**

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, 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

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: <b>D PAIZ, FERNANDO</b>		NAME:	
STREET ADDRESS: <b>1930 NW 23RD ST.</b>		STREET ADDRESS:	
CITY-ST-ZIP: <b>MIAMI FL</b>		CITY-ST-ZIP:	
NAME: <b>D/P PAIZ, SERGIO</b>		NAME:	
STREET ADDRESS: <b>5253 NW 94 DORAL PL</b>		STREET ADDRESS:	
CITY-ST-ZIP: <b>MIAMI FL</b>		CITY-ST-ZIP:	
NAME: <b>D PAIZ, PATRICIA</b>		NAME:	
STREET ADDRESS: <b>5253 NW 94 DORAL PL</b>		STREET ADDRESS:	
CITY-ST-ZIP: <b>MIAMI FL</b>		CITY-ST-ZIP:	
NAME: <b>AS PONS, MARTIN E</b>		NAME:	
STREET ADDRESS: <b>9370 SUNSET DR A100</b>		STREET ADDRESS:	
CITY-ST-ZIP: <b>MIAMI FL 33173</b>		CITY-ST-ZIP:	
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
NAME:		NAME:	
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: *Martin E Pons*      3/18/02      MARTIN E PONS      305-275-7072  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/01)