

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**

03-13-2002 90094 003 \*\*\*\*50.00

**DOCUMENT # L98000003034**

1. Entity Name

**CASAHOME, LLC**

Principal Place of Business

**200 SOUTH BISCAYNE BLVD.  
SUITE 4100  
MIAMI FL 33131**

Mailing Address

**200 SOUTH BISCAYNE BLVD.  
SUITE 4100  
MIAMI FL 33131****B0042398**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. FEI Number **65-0882027**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**RJVF CORPORATE SERVICES, INC.  
200 SOUTH BISCAYNE BLVD., STE 4100  
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name

**CORPORATE INTERNATIONAL REGISTERED AGENTS INC.**

Street Address (P.O. Box Number is Not Acceptable)

**SAME**

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

**2/8/02****FILE NOW!!! FEE IS \$50.00****Make Check Payable to Department of State  
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**MGR  
BELTRAN, EDUARDO  
200 SOUTH BISCAYNE BLVD., SUITE 4100  
MIAMI FL 33131**☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **X****SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**EdUARdo M Beltran 2/26/02 305 698-8990**

CR2E083 (9/01)