

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 01, 2002 8:00 am**  
**Secretary of State**

02-01-2002 90011 009 \*\*\*158.75

**DOCUMENT # L98566**

**1. Entity Name**  
**KASALTA MIRAMAR, INC.**

**Principal Place of Business**  
**ATTN: JOHN THOMPSON. 4TH FLOOR**  
**777 BRICKELL AVE**  
**MIAMI FL 33131**  
**US**

**Mailing Address**  
**ATTN: JOHN THOMPSON. 4TH FLOOR**  
**777 BRICKELL AVE**  
**MIAMI FL 33131**  
**US**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**  
**ATTN: BRUCE C. BLAISE, 4<sup>th</sup> Floor**

**Suite, Apt. #, etc.**  
**777 BRICKELL AVENUE**

**City & State**  
**MIAMI, FLORIDA**

**Zip Country**  
**33131-2809 MIAMI, FLORIDA**

**3. Mailing Address**  
**ATTN: BRUCE C. BLAISE, 4<sup>th</sup> Floor**

**Suite, Apt. #, etc.**  
**777 BRICKELL AVENUE**

**City & State**  
**MIAMI, FLORIDA**

**Zip Country**  
**33131-2809 MIAMI, FLORIDA**

**4. FEI Number** **65-0220299** **Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☒ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**BERGMAN RICHARD ESQ**  
**777 BRICKELL AVENUE**  
**SUITE 780**  
**MIAMI FL 33131**

**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** \_\_\_\_\_ **(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** ☐ **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>DP</b> <b>BLAISE, BRUCE</b> <b>777 BRICKELL AVE</b> <b>MIAMI FL 33131</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>DV</b> <b>THOMPSON, JOHN</b> <b>777 BRICKELL AVE</b> <b>MIAMI FL 33131</b>	<input checked="" type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>DV</b> <b>DEGAN-MARKEY, TANYA L</b> <b>777 BRICKELL AVE</b> <b>MIAMI FL 33131</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>DVST</b> <b>MURPHY, LYNN</b> <b>777 BRICKELL AVENUE</b> <b>MIAMI FL 33131</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>DP</b> <b>BRUCE C. BLAISE</b> <b>777 BRICKELL AVENUE</b> <b>MIAMI, FL 33131</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>DVST</b> <b>J. LYNN CARLSON</b> <b>777 BRICKELL AVENUE</b> <b>MIAMI, FL 33131</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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:** BRUCE C. BLAISE, PRESIDENT 1-15-02 (305) 579-7261  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **Date** **Daytime Phone #**

CR2E034 (9/01)