

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000041309

1. Entity Name

CASAMAR CORP.

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90090 041 ***150.00

Principal Place of Business

1150 SOUTH MIAMI AVENUE
MIAMI FL 33130

Mailing Address

1150 SOUTH MIAMI AVENUE
MIAMI FL 33130

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1006673

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RISHMAGUE, MIGUEL
1150 SOUTH MIAMI AVENUE
MIAMI FL 33130

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's 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	D	<input checked="" type="checkbox"/> Delete
NAME	RISHMAGUE, MIGUEL	
STREET ADDRESS	901 SAN PEDRO AVE.	
CITY-ST-ZIP	CORAL GABLES FL 33156	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RISHMAGUE, SANDRA	
STREET ADDRESS	901 SAN PEDRO AVE.	
CITY-ST-ZIP	CORAL GABLES FL 33156	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RISHMAGUE, ODDE	
STREET ADDRESS	901 SAN PEDRO AVE.	
CITY-ST-ZIP	CORAL GABLES FL 33156	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RISHMAGUE, MIGUEL	
STREET ADDRESS	13000 MAR STREET	
CITY-ST-ZIP	CORAL GABLES, FLORIDA 33156	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RISHMAGUE, SANDRA	
STREET ADDRESS	13000 MAR STREET	
CITY-ST-ZIP	CORAL GABLES, FLORIDA 33156	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RISHMAGUE, ODDE	
STREET ADDRESS	13000 MAR STREET	
CITY-ST-ZIP	CORAL GABLES, FLORIDA 33156	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Miguel Rishmague

Secretary

(04-25-2001) 305-372-1214

Date

Daytime Phone #

CR2E034 (10/00)