

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2001 8:00 am
Secretary of State
 03-29-2001 91009 006 ***150.00

0405033

DOCUMENT # P00000076373

1. Entity Name

CASA DE SOLE, INC.

Principal Place of Business

Mailing Address

**1451 CALIFORNIA DR.
 MELBOURNE FL 32940**

**1451 CALIFORNIA DR.
 MELBOURNE FL 32940**

734095



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

6300 N. Wickham Rd

6300 N. Wickham Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

135

135

City & State

City & State

MELBOURNE FL

MELBOURNE FL

4. FEI Number

Applied For

59-3663514

Not Applicable

Zip

Country

Zip

Country

32940

USA

32940

USA

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

**KELLY, ARTHUR S
 3270 SUNTREE BLVD
 MELBOURNE FL 32940**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **PERAGINE, DANIEL J**
 STREET ADDRESS **1451 CALIFORNIA DR.**
 CITY-ST-ZIP **MELBOURNE FL 32940**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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:

Daniel J Peragine

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/01

Date

321 757 0940

Daytime Phone #

CR2E034 (10/00)