

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 30, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90315 019 \*\*\*150.00

**DOCUMENT # P00000104650**

1. Entity Name

AMERICASA CORPORATION

Principal Place of Business

Mailing Address

10021 PINES BLVD

10021 PINES BLVD

PEMBROKE PINES FL 33024

PEMBROKE PINES FL 33024

2. Principal Place of Business

3. Mailing Address

Same, Apt. #, etc.

Same, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1052496

Applied For

Not Applicable

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

MERINO, MICHAEL H  
 6741 ORNAGE DRIVE  
 DAVIE FL 33314

MAGDA ROBLES

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

10021 Pines Blvd C-101

City

Pembroke Pines

FL

Zip Code

33024

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

TITLE NAME ☐ Delete

DPVT  
 ROBLES-DAYE, MAGDA V  
 10380 NW 10 STREET  
 PLANTATION FL 33322

TITLE NAME ☐ Delete

S  
 ROBLES-DALE, MAGDA  
 10380 NW 10 STREET  
 PLANTATION FL 33322

TITLE NAME ☐ Delete

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☒ Change ☐ Addition

DPVT  
 ROBLES, MAGDA  
 10380 NW 10 Street  
 Plantation, FL 33322

TITLE NAME ☒ Change ☐ Addition

S  
 ROBLES, MAGDA

TITLE NAME ☐ Change ☐ Addition

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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:

MAGDA ROBLES

01/10/02 (904) 392-6500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)