

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000110283

1. Entity Name

CASA MORTGAGE CORP.

Principal Place of Business

7809 W COMMERCIAL BLVD
TAMARAC FL 33351

Mailing Address

7809 W COMMERCIAL BLVD
TAMARAC FL 33351

2. Principal Place of Business

4747 N. Ocklaw Blvd

3. Mailing Address

P.O. Box 480029

Suite, Apt. #, etc.

210

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE

City & State

Fort Lauderdale FL

Zip

33308

Country

Zip

33348

Country

4. FEI Number

65-1057305

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCIULLO, IRENE DI
7809 W COMMERCIAL BLVD
TAMARAC FL 33351

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 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
NAME SCIULLO, IRENE DI
STREET ADDRESS 7809 W COMMERCIAL BLVD
CITY-ST-ZIP TAMARAC FL 33351

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IRAHN DI SCIULLO 4-20-01

Date

Daytime Phone #

FILED
Apr 25, 2001 8:00 am
Secretary of State
04-25-2001 90118 034 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)