

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

02-01-2002 90052 020 \*\*\*150.00

<b>DOCUMENT #</b>	<b>P00000110283</b>
<b>1. Entity Name</b> CASA MORTGAGE CORP.	

<b>Principal Place of Business</b> 6747 N. OCEAN BLVD #210 FORT LAUDERDALE FL 33308	<b>Mailing Address</b> P.O. BOX 480029 FORT LAUDERDALE FL 33348
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DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b> 4747 N. OCEAN BLVD	<b>3. Mailing Address</b>
Suite, Apt. #, etc. SUITE 210	Suite, Apt. #, etc.
<b>City &amp; State</b> FT. LAUDERDALE FL	<b>City &amp; State</b>
<b>Zip</b> 33308	<b>Country</b> USA

<b>4. FEI Number</b> 65-1057305	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b> SCIULLO, IRENE DI 7809 W COMMERCIAL BLVD TAMARAC FL 33351
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<b>7. Name and Address of New Registered Agent</b>
Name IRRENE DI SCIULLO
Street Address (P.O. Box Number is Not Acceptable) 1390 S. OCEAN BLVD
Apt APT 2-B
City POMPANO BEACH FL
Zip Code 33062

<b>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.</b>	
<b>SIGNATURE</b> 	<b>DATE</b> 1-18-02

<b>9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.</b> <input checked="" type="checkbox"/> (See criteria on back)	<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	<b>10. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS	
<b>TITLE</b> D	<input type="checkbox"/> Delete
<b>NAME</b> SCIULLO, IRENE DI	
<b>STREET ADDRESS</b> 7809 W COMMERCIAL BLVD	
<b>CITY-ST-ZIP</b> TAMARAC FL 33351	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**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.**

<b>SIGNATURE:</b> 	<b>DATE</b> 1-18-02
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CR2E034 (9/01)