

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 01, 2002 8:00 am
Secretary of State

05-27-2002 90447 036 ***150.00

DOCUMENT # *P01000024043*

1. Entity Name *KASMAA Services Inc.* ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1445 Cove Lake Rd

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State *N. Lauderdale, FL*

City & State

Zip *33068*

Country *USA*

Zip

Country

4. FEI Number

65-1088560

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name *JAYME CASTANO*

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

1445 COVE LAKE RD.

City *NORTH LAUDERDALE*

FL

Zip Code *33068*

**DO NOT WRITE
IN THIS SPACE**

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 *Jayne*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/30/02
DATE

9. This corporation is eligible to satisfy its tangible tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 *P.*
NAME *Jayne Castano*
STREET ADDRESS *1445 Cove Lake Rd.*
CITY-ST-ZIP *N. Lauderdale FL 33068*

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered

SIGNATURE: *Jayne*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02
DATE

Daytime Phone #