


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

7/18/2003-90076-008 \$150.00-\$150.00

00172823 AV

**DOCUMENT # P01000027523**

1. Entity Name  
**LA CASA BONITA OF BREVARD, INC.**



03 AUG 20 PM 2:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
105 NORTH RIVERSIDE DRIVE  
INDIALANTIC FL 32903

Mailing Address  
105 NORTH RIVERSIDE DRIVE  
INDIALANTIC FL 32903

*La Casa-Bonita Salon*



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
*105 No Riverside Dr*

3. Mailing Address  
*105 No Riverside Dr*

Suite, Apt. #, etc.

City & State  
*Indialantic Fla*

City & State  
*Fla*

Zip  
*32903*

Country  
*USA*

Zip  
*32903*

Country  
*USA*

4. FEI Number **54-2148441**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KASPER, MARGARET A**  
105 NORTH RIVERSIDE DRIVE  
INDIALANTIC FL 32903

7. Name and Address of New Registered Agent

Name: \_\_\_\_\_

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

City: *Same*

State: **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Margaret Ann Kasper* DATE: *8-18-03*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00**  
After September 10, 2003 Fee will be \$750.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KASPER, MARGARET A</b> <b>105 NORTH RIVERSIDE DRIVE</b> <b>INDIALANTIC FL 32903</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>200022446732</b> <b>08/20/03--01056--006 **408.75</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Margaret Ann Kasper* Date: *July 17-03* Daytime Phone #: *321 720 9251*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/03)

*7/18/03*