
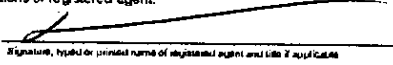



FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90748 039 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000051219			
1. Entity Name CASBREN, INC			
Principal Place of Business 2929 COMMERCIAL BLVD. SUITE 600 FT. LAUDERDALE, FL 33308		Mailing Address 2929 COMMERCIAL BLVD. SUITE 600 FT. LAUDERDALE, FL 33308	
2. Principal Place of Business 2 N. Compass Dr Suite, Apt. #, etc.		3. Mailing Address 2 N. Compass Dr Suite, Apt. #, etc.	
City & State Ft. Lauderdale FL		City & State Ft. Lauderdale FL	
Zip 33308		Country Broward	
4. FEI Number 65-1108763		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CASPERINO, DEBORAH 2929 COMMERCIAL BLVD. SUITE 600 FT. LAUDERDALE, FL 33308		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2 N. Compass Drive City Fort Lauderdale FL Zip Code 33308	
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:  DATE: March 7-03 (NOTE: Registered Agent's signature required when reinstating)			
FILE NOW WITH FEE OF \$150.00 ANY MAY 1, 2003 FEE WILL BE \$250.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP DP CASPERINO, DEBORAH 2929 COMMERCIAL BLVD. SUITE 600 FT. LAUDERDALE, FL 33308 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 2 N. Compass Drive Ft. Lauderdale FL 33308 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP DV CASPERINO, DEBORAH 2929 COMMERCIAL BLVD., STE. 600 FORT LAUDERDALE, FL 33308 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 2 N. Compass Drive Ft. Lauderdale FL 33308 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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)(1), 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:  President		DATE: March 7-03	

70026662



☐ CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)

Attachment 70026602
#PB10000 51219

Craig Engel
Certified Public Accountant
312 N.E. 17th Avenue
Fort Lauderdale, Florida 33301
(954) 524-6915

INSTRUCTION SHEET

Date: March 5, 2003

CLIENT: Casbren, Inc.
RETURN: Florida 2003 Uniform Business Report
TAX YEAR: 2003

GENERAL

Retain the attached copy after noting on it the signature and mailing date of the enclosed original.

SIGNATURE

The return should be signed by an Officer of the Corporation in box #8 since you are changing your address as the register agent and the bottom of the form.

DUE DATE

May 1, 2003

MAIL TO

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

PAYMENT

Amount due is \$150.00. Please make your check payable to "Florida Department of State. Include your EIN on your check.

OTHER NOTES

You should up-date the form for your current address. This would include box #'s 2,3,6,10 and 11.