

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

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90885 001 ***150.00

DOCUMENT # PO1000052630
1. Entity Name
David Casket of South Florida

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6103-6105 NW 6 CT.
Suite, Apt. #, etc.

3. Mailing Address
6103-6105 NW 6 CT.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Mizmi, FL

City & State
Mizmi, FL

4. FEI Number
651106395

Applied For
 Not Applicable

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

Zip
33127 Country
USA

Zip
33127 Country
USA

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Lesly Duran

Street Address (P.O. Box Number is Not Acceptable)
6103 NW 6 CT

City Mizmi, FL Zip Code 33127

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 Lesly Duran DATE 04/18/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible 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 NAME STREET ADDRESS CITY-ST-ZIP	<u>President Raymond Duran 6103-6105 NW 6 CT. Mizmi, FL 33127</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Secretary Lesly J. Duran 6103 NW 6 CT. Mizmi, FL 33127</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 lines empowered.

SIGNATURE: Raymond Duran DATE 04/18/02 DAYTIME PHONE # (305) 756-8007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)