

3 FOR PROFIT CORPORATION IFORM BUSINESS REPORT (UBR)

9/15/2003-90149-040-\$550.00-\$550.00

APPROVAL
FILED

DOCUMENT # P01000063899

1. Entity Name
CASA UNO, INC.



03 SEP 22 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1700 E LAS OLAS BLVD. SUITE #206
FT LAUDERDALE FL 33301

Mailing Address
1700 E LAS OLAS BLVD. SUITE #206
FT LAUDERDALE FL 33301

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
65-1120018

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GILBERT, RANDALL L
15700 NW 7TH AVE
MIAMI FL 33169

Name
MANCINI, JOHN A.
Street Address (P.O. Box Number is Not Acceptable)
1700 E LAS OLAS Blvd.
SUITE 206
City
FORT LAUDERDALE FL Zip Code
33301

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

(NOTE: Registered Agent signature required when reinstating)

9/9/03

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MANCINI, JACK
1700 E LAS OLAS BLVD, SUITE #206
FT LAUDERDALE FL 33301 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WOODARD, LAUREL
1700 E LAS OLAS BLVD, SUITE #206
FT LAUDERDALE FL 33301 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

[Signature]
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/9/03

Date

954-763-4533

Daytime Phone #

CR2E034 (4/03)