

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90160 043 ***158.75

DOCUMENT # P01000077952

1. Entity Name
CASAU GROUP, INC.



Principal Place of Business
~~2119 CORAL WAY~~ **4770 Biscayne Blvd.**
~~MIAMI FL 33145~~ **Suite 1470**
MIAMI, FL 33137

Mailing Address
~~2119 CORAL WAY~~ **P.O. Box 452535**
~~MIAMI FL 33145~~ **MIAMI, FL 33245-2535**



2. Principal Place of Business
4770 Biscayne Blvd.

3. Mailing Address
P.O. Box 452535

Suite, Apt. #, etc.
Suite 1470

Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33137

Country
USA

Zip
33245-2535

Country
USA

4. FEI Number **65-1136693** **1134496**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SAUMAT, GIORGIO R
2119 CORAL WAY
MIAMI FL 33145

Mailing Address
P.O. Box 452535
MIAMI, FL 33245-2535

7. Name and Address of New Registered Agent

Name **GIORGIO R. SAUMAT**

Street Address (P.O. Box Number is Not Acceptable)
4770 Biscayne Blvd.

Suite 1470

MIAMI **FL** **33137**

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 **Giorgio R. Saumat, Sec. - Treas.**

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

2/3/03

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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	P SAUMAT, GIORGIO R 2727 S.W. 24TH AVENUE COCONUT GROVE FL 33133	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CASTILLO, IRELA 2727 SW 24TH AVE. COCONUT GROVE FL 33133	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GUARDIA, EMITA 2727 SW 24TH AVE. COCONUT GROVE FL 33133	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAUMAT, GIANO J.	<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	825 Aiberca St. CORAL Gables, FL 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	825 Aiberca St. CORAL Gables, FL 33134	<input checked="" 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	825 Aiberca St. CORAL Gables, FL 33134	<input type="checkbox"/> Change <input checked="" 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 any other like empowered.

SIGNATURE: **Giorgio R. Saumat, Sec. - Treas.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/03 305/761-6413

Date Daytime Phone #

CR2E034 (10/02)