

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90074 042 ***150.00

DUPLICATE A1

DOCUMENT # P02000001453
1. Entity Name
 CASA.COM, INC.

Principal Place of Business **Mailing Address**
 2772 PENHALE CT. 2772 PENHALE CT.
 WELLINGTON FL 33414 WELLINGTON FL 33414

2. Principal Place of Business **3. Mailing Address**
See above P.O. Box 846
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**
 LOXAHATCHEE FL
Zip **Country** **Zip** **Country**
 33470 *Palm Beach*

4. FEI Number **Applied For**
 30-0025886 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 CASARIEGO, LLIANA
 2772 PENHALE CT.
 WELLINGTON FL 33414

7. Name and Address of New Registered Agent
 Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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	<i>Orlando Casariego</i> <input type="checkbox"/> Delete <i>2772 Penhale Ct Wellington FL 33414</i> <i>President & Director</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Liana Casariego</i> <input type="checkbox"/> Delete <i>2772 Penhale Ct Wellington FL 33414</i> <i>Secretary Treasurer & Director</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Angelo Casariego</i> <input type="checkbox"/> Delete <i>2772 Penhale Ct Wellington FL 33414</i> <i>Vice President & Director</i>
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE: _____ **2-6-02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)