

2004 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000074520

1. Entity Name

CASAGRANDE WAY CORPORATION

FILED

03 DEC -3 AM 9:30

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business Mailing Address
1333 NE 25TH ST. 1333 NE 25TH ST.
POMPO NO BEACH, FL 33064 POMPO NO BEACH, FL 33064

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 **35-2173953** Applied For Not Applicable

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

REINSTATEMENT 03

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
TAX HOUSE CORPORATION Name
3929 N. FEDERAL HWY Street Address (P.O. Box Number is Not Acceptable)
POMPO NO BEACH
FLORIDA 33064 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 _____ (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. ☐ **FILE NOW! FEE IS \$150.00**
After MAY 1, 2003 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			12. ADDITIONS /CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	President <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VINICIUS ARAUJO		NAME		
STREET ADDRESS	1333 NE 25TH ST.		STREET ADDRESS		
CITY-ST-ZIP	POMPO NO BEACH, FL 33064		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 11 or Block 12 N changed or on an attachment with an address with all other like empowered.

SIGNATURE:  **11/20/2003** (954) 461-8247
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FLORIDA DEPARTMENT OF STATE
Division of Corporation
2003 Uniform Business Report (UBR)
P.O. BOX 6327
Tallahassee, FL 32314

Re: Filing of Uniform Business Report 2003
P02000074520

CASAGRANDE WAY CORPORATION

To Whom It May Concern:

This letter is to inform you that we have never received a
Uniform Business Report form in the mail.

We would like to request you that you forgive all extra
fees and penalties other than the primary of \$150.00 and
accept the filling of our attached UBR, which has been
prepared by our accountant.

Any questions or concern, feel free to contact our
accountant at (954) 782-4000 and speak to Mr. Breno Gomes.

Sincerely,



VINICIUS ARAUJO - President
CASAGRANDE WAY CORPORATION
1333 NE 25TH ST
Pompano Beach, FL 33064
Phone (954) 461-8247