

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 27, 2003 8:00 am
Secretary of State

07-14-2003 90349 014 ***158.75
08-27-2003 90081 006 ***391.25

DOCUMENT # P02000099148

1. Entity Name
CASOURINA CORP.



Principal Place of Business
**5900 SW 73RD ST.
207
MIAMI FL 33143**

Mailing Address
**5900 SW 73RD ST.
207
MIAMI FL 33143**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

Applied for

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FERNANDEZ, MARY
5900 SW 73RD ST
207
MIAMI FL 33143**

Name **DAVID BLOCK**

Street Address (P.O. Box Number is Not Accepted)

5900 S.W. 73RD ST # 207

City **So. MIAMI**

FL

Zip **33143**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

DAVID BLOCK, president

7/9/03

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 **P** ☒ Delete
NAME **MARY FERNANDEZ**
STREET ADDRESS **5900 SW 73RD ST SUITE 207**
CITY-ST-ZIP **MIAMI FL 33143**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DAVID BLOCK, PRESIDENT** ☒ Change ☒ Addition
NAME
STREET ADDRESS **5900 S.W. 73 ST. # 207**
CITY-ST-ZIP **SO. MIAMI, FL. 33143**

TITLE **SECRETARY** ☐ Change ☒ Addition
NAME **DAVID BLOCK**
STREET ADDRESS **5900 S.W. 73RD ST. # 207**
CITY-ST-ZIP

TITLE **SO. MIAMI, FL. 33143** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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:

DAVID BLOCK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/09/03 (305) 860-0000

Date Daytime Phone #

CR2034 (4/03)