2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000080807

Country

6. Name and Address of Current Registered Agent

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

OFFICERS AND DIRECTORS

CASANOVA ENTERPRISES, INC.

Principal Place of Business 2715 SW 109 AVE MIAMI FL 33165

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

11.

TITLE

NÁME 🧽 🗟

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

TITLE

NAME

TITLE NAME

TITLE NAME STREET ADDRESS

CITY-ST-ZIP

2. Principal Place of Business

SIRGO, LINDA

2715 SW 109 AVE. **MIAMI FL 33165**

19. This corporation is eligible to satisfy its Intangible

CASANOVA, ELIDA

2715 SW 109 AVE

MIAMI FL 33165

Tax filing requirement and elects to do so.

(See criteria on back)

Mailing Address

2715 SW 109TH AVE MIAMI FL 33165-2321

3. Mailing Address

City & State

Suite, Apt. #, etc.

Country

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

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12.

TITLE

NAME STREET ADDRESS

TITLE NAME STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE NAME

TITLE

NAME STREET ADDRESS

TITLE

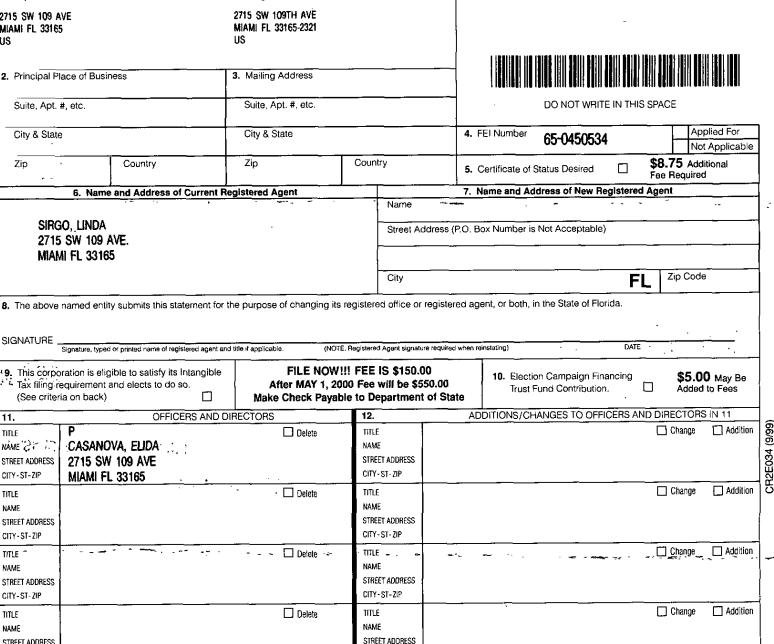
TITLE _ NAME STREET ADDRESS

Name

City

FILED Jan 26, 2000 8:00 am Secretary of State

01-26-2000 90005 035 ***150.00



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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

☐ Change

Change

Addition

☐ Addition