

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000085153

1. Entity Name

CAYSA CORPORATION

Principal Place of Business

Mailing Address

1663 SW 67TH AVE
MIAMI FL 33177

14267 SW 152ND TER
MIAMI FL 33177

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

65-0461860

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SARA G CACERES

15690 SW 143RD CT

MIAMI FL 33177

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 MONTHLY: FEB 15 \$150.00
AFTER MAY 1, 2001: Fee will be \$500.00
Status 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 PD ☐ Delete

NAME CACERES, SARA G
STREET ADDRESS 15690 SW 143RD CT
CITY-ST-ZIP MIAMI FL 33177

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 ☐ 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

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Sara G. Caceres

SARA G CACERES PD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 22 PM 12:50

1/2

CR2034 (11/00)

AD

2-

Miami, October 17, 2001

Florida Department of State
Division of Corporations
P O Box 1500
Tallahassee FL 32302-1500

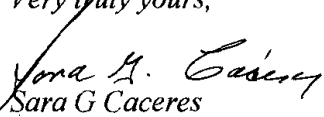
To Whom It May Concern:

Enclosed please find completed Corporation Annual Report, document #P93000085153, together with our check in the amount of \$158.75 (filing fees \$150.00 and Certificate of Status \$8.75)

The Year 2001 Annual Report was not filed because we have changed our mailing address. For this reason, the annual filing was inadvertently not filed on time.

Kindly accept our filing at this time, and I hope you can accept our request to abate any penalty due to this honest mistake.

Very truly yours,


Sara G Caceres
President