

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000004192

1. Entity Name  
CASASCO, INC.

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90174 047 \*\*\*150.00

Principal Place of Business

5284 S W 69TH PLACE  
MIAMI FL 33155  
US

Mailing Address

5284 SW 69 PL  
MIAMI FL 33155-5613  
US

80002354



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0573004

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

CECCHINI, ANTHONY  
5284 S W 69TH PLACE  
MIAMI FL 33155

Name

Street Address (Do not use PO Box or Mail Stop Address)

ANTHONY R. CECCHINI  
5284 S.W. 69 PL.  
MIAMI, FL 33155 FL

City

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, 2000 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
ST	ANTHONY R CECCHIN	<input type="checkbox"/> Delete	
5284 SW 69 PL		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
MIAMI FL			
P	CLARA FUSCO	<input type="checkbox"/> Delete	
5454 SW 64 PL		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
MIAMI FL			
		<input type="checkbox"/> Delete	
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		<input type="checkbox"/> Delete	
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		<input type="checkbox"/> Delete	
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		<input type="checkbox"/> Delete	
		<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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

ANTHONY R. CECCHINI 01/06/00 305/471/6365

CR2E034 (9/99)