

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000020546

1. Entity Name

CASCAIS PROPERTIES, INC.

Principal Place of Business

555 COLORADO AVE.
STUART FL 34994

Mailing Address

P.O. BOX 1186
PALM CITY FL 34990

2. Principal Place of Business

3579 SW CORNELL AVE

3. Mailing Address

Suite, Apt. #, etc.

City & State

PALM CITY, FL

City & State

Zip

34990

Country

MARTIN

Country

4. FEI Number

65-0584129

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, LEIGH A
555 COLORADO AVE.
STUART FL 34994

7. Name and Address of New Registered Agent

Name FILIPPE PAUL

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

1103 SW KEATS AVENUE

City PALM CITY

FL

Zip Code

34990

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, 2001 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

TITLE PS ☒ Delete
NAME GOMES, RICHARD
STREET ADDRESS PO BOX 2697 N/A
CITY-ST-ZIP STUART FL 34995

TITLE VT ☐ Delete
NAME FILIPPE, PAUL
STREET ADDRESS POST OFFICE BOX 1186 N/A
CITY-ST-ZIP PALM CITY FL

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE PRESIDENT ☒ 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)(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 #

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90142 050 ***150.00

907251



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)