

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 06, 2001 8:00 am**  
**Secretary of State**

02-06-2001 90264 020 \*\*\*150.00

**DOCUMENT # P95000039588**

1. Entity Name

**ILASAC INTERNATIONAL INCORPORATED**

Principal Place of Business

**22430 BENIDORM DRIVE  
BOCA RATON FL 33428**

Mailing Address

**22430 BENIDORM DRIVE  
BOCA RATON FL 33428**

2. Principal Place of Business

**8475 S. MIZZEN DR.**

3. Mailing Address

**8475 S. MIZZEN DR.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**BOYNTON BEACH, FL**

City & State

**BOYNTON BEACH, FL**

4. FEI Number

**65-0585148**

Applied For

Not Applicable

Zip

Country

**33437**

**USA**

Zip

Country

**33437**

**USA**

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

**CASALI, ANTHONY J  
22430 BENIDORM DRIVE  
BOCA RATON FL 33428**

Name **CASALI, ANTHONY J.**

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

**8475 S. MIZZEN DR.**

City

**BOYNTON BEACH**

FL

Zip Code

**33437**

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]*

**PRESIDENT**

**1-23-01**

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CASALI, ANTHONY J</b>	
STREET ADDRESS	<b>22430 BENIDORM DRIVE</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33428</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>DIRECTOR / PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CASALI, ANTHONY J.</b>	
STREET ADDRESS	<b>8475 S. MIZZEN DRIVE</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH, FL 33437</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Pres.**

**1-23-01**

Date

**561-737-6793**

Daytime Phone #

CR2E034 (10/00)