

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P95000053164****1. Entity Name**  
**CASA NOBLE, INC.****FILED**  
**Jan 20, 2001 8:00 am**  
**Secretary of State**

01-20-2001 90083 015 \*\*\*158.75

Principal Place of Business

Mailing Address

**10975 PARK RIDGE**  
**GOTHA ROAD**  
**WINDERMERE FL 34786**  
**US****10975 PARK RIDGE**  
**GOTHA ROAD**  
**WINDERMERE FL 34786**  
**US****00005386**

DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

**4. FEI Number** **59-3324048**

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****HETESY, TAMAS**  
**10976 PARK RIDGE GOTHA ROAD**  
**WINDERMERE FL 34786**

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 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	<input type="checkbox"/> Delete
NAME	TAMAS, HETESY	
STREET ADDRESS	10976 PARK RIDGE GOTHA RD	
CITY-ST-ZIP	WINDERMERE FL 34786	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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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, without other like empowered.****SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**TAMAS HETESY**

Date

**1-08-2001**

Daytime Phone #

**(407) 909-9315**

0630720

CR2E034 (10/00)